ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2014			C PLANNING ARE	A Boone	
HEALTH SERVICE AREA	001	ADMISSION RESTRICTION Aggressive/Anti-Social	<b>IS</b> 2	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	5
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	12
FREE STANDING FACILITIES	3	Drug Addiction	2	Blood Disorders	3
		Medicaid Recipient	0	Nervous System Non Alzheimer	19
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	57
NURSING CARE BEDS ONLY	3	Mental Illness	2	Mental Illness	0
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	67
		Public Aid Recipient	0	Respiratory System	26
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	8

Genitourinary System Disorders

Musculo-skeletal Disorders

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

Skin Disorders

**TOTALS** 

0

3

0

15

4

15

2

0

0

233

27

#### LIFE CARE FACILITY 0 **Reported Identified Offenders** 4 **Total Residents Diagnosed with Mental Illness**

0

3

0

**OWNERSHIP TYPE** 

**GOVERNMENTAL OWNERSHIP** 

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

LICENSED BEDS, BEDS	IN USE	MEDICARE/MEDICAID	CERTIFIED	BEDS
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Unable to Self-Medicate

Infectious Disease w/ Isolation

Ventilator Dependent

Other Restrictions

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
									Residents on 1/1/2013	228
Nursing Care	279	279	254	279	233	46	199	279	Total Admissions 2013	446
Skilled Under 22	0	0	0	0	0	0		0		_
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	441
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	233
TOTAL BEDS	279	279	254	279	233	46	199	279		

### **FACILITY UTILIZATION - 2014**

	Medi	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,425	14.3%	52,481	51.4%	3,741	1,579	16,500	0	84,726	83.0%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,425	14.3%	52,481	51.4%	3,741	1,579	16,500	0	84,726	83.0%	83.0%

NU		IG CARE	SKL UNDER 2		2 INTERMED		D. DD SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	14	19	0	0	0	0	0	0	14	19	33
75 to 84	18	49	0	0	0	0	0	0	18	49	67
85+	18	94	0	0	0	0	0	0	18	94	112
TOTALS	62	171	0	0	0	0	0	0	62	171	233

LPN's

Totals

**Certified Aides** 

Other Health Staff

Non-Health Staff

227

233

1

White

Total

Race Unknown

15.00

80.00

0.00

88.00

212.00

RES	SIDENTS B	Y PAYMENT	SOURC	E AND LEVI	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT R	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	30	140	10	9	44	0	233	Nursing Care	192	177
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	30	140	10	9	44	0	233			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFF	ING	
		Nursing	Skilled		Shelte	Itered		EMPLOYMENT FULL-TIM		ГІМЕ
RACE		Care	Under 2	2 ICF/DE	) Car	e -	Γotals	CATEGORY	EQUIVA	ALENT
•				_		0 1		A 1 1 1 4 4		0.00
Asian		1	0	0		0	1	Administrators		3.00
Asian American Indian		1 0	0	-		0	1 0	Administrators Physicians		1.00
		1 0 4		0		0 0 0	1 0 4			

0

0

0

227

233

1

ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	229	0	0	0	229
Ethnicity Unknown	0	0	0	0	0
Total	233	0	0	0	233

0

0

0

0

0

0

### **NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

						Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
35.0%	39.1%	3.6%	5.5%	16.8%	100.0%	Expense*	Total Net Revenue
6,702,824	7,486,242	685,500	1,049,190	3,213,026	19,136,782	0	0.0%

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

LTC PLANNING AREA	LTC	PL/	ANNI	NG	<b>AREA</b>
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Carroll

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	2	DIAGNOSIS		
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	1	
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	10	
FREE STANDING FACILITIES	3	Drug Addiction	2	Blood Disorders	0	
		Medicaid Recipient	0	Nervous System Non Alzheimer	8	
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	19	
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness	16	
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	15	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	18	
		Public Aid Recipient	0	Respiratory System	6	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	6	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	3	
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	12	
FOR PROFIT OWNERSHIP	1	Other Restrictions	1	Injuries and Poisonings	7	
		No Restrictions	0	Other Medical Conditions	13	
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	136	
Reported Identified Offenders	3	Total Residents Diagnosed with Mental Illness				

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	ļ
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	400
Nursing Care	155	155	130	155	121	34	72	155	Residents on 1/1/2013	123
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	154
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2013	140
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	137
TOTAL BEDS	171	171	145	171	136	35	72	171	_	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Med	licaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2,702	10.3%	23,227	40.9%	0	0	16,670	0	42,599	75.1%	75.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,942	84.4%	0	0	0	0	4,942	84.4%	84.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2,702	10.3%	28,169	45.0%	0	0	16,670	0	47,541	76.0%	76.0%

### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	5	0	0	2	5	7
45 to 59	4	2	0	0	2	2	0	0	6	4	10
60 to 64	2	1	0	0	2	1	0	0	4	2	6
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	4	25	0	0	1	0	0	0	5	25	30
85+	13	60	0	0	0	0	0	0	13	60	73
TOTALS	28	93	0	0	7	8	0	0	35	101	136

LEVEL	IDEN 12 B	Y PAYMENT	Other	E AND LE	Privat		: Charity			AVEDA	GE DAILY PA	VMENT D	ATEC
OF CARE	Medicare	Medicaid	Public	Insurance			Care	TOTALS		LEVEL OF C			DOUBLE
Nursing Care	3	67	1	0	50		0	121		Nursing Ca	re	178	178
Skilled Under 22	0	0	0	0	0		0	0		Skilled Und	ler 22	0	0
ICF/DD		15	0	0	0		0	15		Intermediat	te DD	0	127
Sheltered Care			0	0	0		0	0		Shelter		0	0
TOTALS	3	82	1	0	50		0	136					
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING						STAFFING		
		Nursing	Skilled			eltere				EMPLOYM		FULL-T	
RACE		Care	Under 2	2 ICF/[	D C	Care	Т	otals		CATEGO	PRY	EQUIVA	LENT
Asian		0	0		0	0		0	_	Administrator	S		2.25
American Indian		0	0		0	0		0		Physicians			0.00
Black		0	0		1	0		1		Director of Nu	ırsing		2.00
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered No	urses	1	5.75
White		121	0	1	4	0		135		LPN's			9.70
Race Unknown		0	0		0	0		0		Certified Aide	s	7	'1.01
Total		121	0	1	5	0		136		Other Health	Staff		4.23
									_	Non-Health S	taff	4	7.31
		Nursing	Skilled		She	eltere	d			Totals		15	2.25
ETHNICITY		Care	Under 2	2 ICF/[	DD (	Care	1	otals					
Hispanic		4	0	ı	0	0		4					
Non-Hispanic		117	0	1	5	0		132					
Ethnicity Unknow	n	0	0	1	0	0		0					
Total		121	0	1	5	0		136					
				NET REV	NUE BY	PAY	or so	URCE (Fisca	al Year Da	ata)			
											Charity	Charity	Care
Medicare	N	Medicaid	Other F	Public P	rivate Insi	uranc	е	Private Pay		TOTALS	Care	Expense	
6.6%		55.1%		0.2%		0.0%	%	38.0%		100.0%	Expense*	Total Net	Revenue
536,371		4,453,912	19	,361		(	)	3,073,110		8,082,754	. 0	(	0.0%

ILLINOIS LONG-TERM CARE DATA SUI	WIWIARY-CA	LENDAR YEAR 2014 LTC P	LANNING ARE	A DeKalb	
HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	8	Chronic Alcoholism	2	Neoplasms	10
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	51
FREE STANDING FACILITIES	8	Drug Addiction	4	Blood Disorders	6
		Medicaid Recipient	1	Nervous System Non Alzheimer	47
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	78
NURSING CARE BEDS ONLY	6	Mental Illness	3	Mental Illness	49
DD CARE BEDS ONLY	1	Non-Ambulatory	1	Developmental Disability	20
MULTI-LICENSED FACILITIES	1	Non-Mobile	1	Circulatory System	92
		Public Aid Recipient	1	Respiratory System	67
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	11
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	22
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	8	Skin Disorders	10
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	54

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

TOTALS

17

75

45

654

157

1

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

5

0

1

7

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

**TOTALS** 

179

438

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents at 4/4/0040	0.54
Nursing Care	742	738	664	734	617	125	554	657	Residents on 1/1/2013	658
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,224
Intermediate DD	16	15	12	15	12	4		16	Total Discharges 2013	1,228
Sheltered Care	49	49	49	49	25	24			Residents on 12/31/2013	654
TOTAL BEDS	807	802	725	798	654	153	554	673	_	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	care	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	28,675	14.1%	118,184	49.1%	207	1,770	75,060	566	224,462	82.7%	83.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			3,070	52.4%	0	0	0	0	3,070	52.4%	55.9%
Sheltered Care					0	0	9,375	0	9,375	52.3%	52.3%
TOTALS	28,675	14.1%	121,254	49.2%	207	1,770	84,435	566	236,907	80.2%	80.7%

		RESIDE	ENTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECE	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	MED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	1	1	0	0	4	2	6
45 to 59	9	12	0	0	3	5	0	0	12	17	29
60 to 64	9	9	0	0	0	1	0	0	9	10	19
65 to 74	34	48	0	0	1	0	0	0	35	48	83
75 to 84	57	116	0	0	0	0	2	2	59	118	177
85+	67	252	0	0	0	0	6	15	73	267	340

5

7

8

17

192

462

0

0

654

RES	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF	CARE	<b>.</b>							
LEVEL			Other		Priva	te (	Charity					GE DAILY PA	YMENT R	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	e Pay	,	Care	TOT	ALS		LEVEL OF (	CARE	SINGLE	DOUBLE
Nursing Care	97	318	0	6	196	5	0		617		Nursing Ca	are	198	176
Skilled Under 22	0	0	0	0	0	)	0		0		Skilled Und	der 22	0	0
ICF/DD		12	0	0	0	)	0		12		Intermedia	te DD	0	144
Sheltered Care			0	0	25	j	0		25		Shelter		124	0
TOTALS	97	330	0	6	221		0	(	654					
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GF	ROUPING	;						STAFFING		
		Nursing	Skilled			eltere					EMPLOYM		FULL-T	
RACE		Care	Under 2	2 ICF/I	OD (	Care	T	Totals			CATEGO	DRY	EQUIVA	LENT
Asian		2	0		0	0		2	_	_	Administrator	'S		8.00
American Indian		0	0		1	0		1			Physicians			1.00
Black		13	0		0	0		13			Director of Nu	ursing		7.00
Hawaiian/Pacific I	sl.	0	0		0	0		0			Registered N	urses	10	2.75
White		602	0	1	1	25		638			LPN's		4	1.25
Race Unknown		0	0		0	0		0			Certified Aide	es	28	86.50
Total		617	0	) 1	2	25		654			Other Health			8.00
										_	Non-Health S	Staff	31	3.50
		Nursing	Skilled		Sh	eltere	d				Totals		77	'8.00
ETHNICITY		Care	Under 2	2 ICF/	DD	Care	٦	Totals						
Hispanic		3	0		0	0		3	<del></del>					
Non-Hispanic		614	0	) 1	2	25		651						
Ethnicity Unknown	า	0	0	1	0	0		0						
Total		617	0	) 1	2	25		654	_					
				NET REV	ENUE BY	PAY	OR SO	URCE	(Fiscal	Year Da	nta)			
												Charity	Charity	Care
Medicare	ľ	Medicaid	Other F	Public P	rivate Ins	suranc	е	Privat	e Pay		TOTALS	Care	Expense	as % of
28.1%		41.1%		0.1%		2.59	%		28.2%		100.0%	Expense*	Total Net	Revenue
11,535,884		16,857,853	35	5,469	1,01	13,509	9	11,58	31,776		41,024,491	101,032	C	).2%

TELINOIO EONO-TERM OARE DATA OO					
HEALTH SERVICE AREA	001	ADMISSION RESTRICTION Aggressive/Anti-Social	<b>NS</b> 2	RESIDENTS BY PRIMARY DIAG	NOSIS
TOTAL FACILITIES	4	Chronic Alcoholism	2	Neoplasms	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	17
FREE STANDING FACILITIES	4	Drug Addiction	3	Blood Disorders	4
		Medicaid Recipient	0	Nervous System Non Alzheimer	6
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	19
NURSING CARE BEDS ONLY	3	Mental Illness	0	Mental Illness	7
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	14
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	20
		Public Aid Recipient	0	Respiratory System	2
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	0
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	0
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	13
FOR PROFIT OWNERSHIP	2	Other Restrictions	0	Injuries and Poisonings	2
		No Restrictions	1	Other Medical Conditions	7
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	116
Reported Identified Offenders	1	Total R	esidents Diagnosed	with Mental Illness	39

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	1
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Daa'daata aa 4/4/0040	400
Nursing Care	155	151	139	151	103	52	57	155	Residents on 1/1/2013	126
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	106
Intermediate DD	15	15	13	15	13	2		15	Total Discharges 2013	127
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	105
TOTAL BEDS	170	166	152	166	116	54	57	170	_	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

. = . = = =		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1,456	7.0%	22,241	39.2%	0	43	19,762	0	43,502	76.7%	78.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,517	82.3%	0	0	0	0	4,517	82.3%	82.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1,456	7.0%	26,758	43.0%	0	43	19,762	0	48,019	77.2%	79.0%

### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	2	3	0	0	2	3	5	
45 to 59	0	1	0	0	3	2	0	0	3	3	6	
60 to 64	1	2	0	0	2	0	0	0	3	2	5	
65 to 74	5	2	0	0	0	0	0	0	5	2	7	
75 to 84	10	15	0	0	0	0	0	0	10	15	25	
85+	14	53	0	0	0	1	0	0	14	54	68	
TOTALS	30	73	0	0	7	6	0	0	37	79	116	

_	IDEN 19 B	Y PAYMENT		AND LEV			uta			A)/ED 4	05 DAILY 54	VMENT DA	<b>T</b> E0
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Cha Ca	-	OTALS		LEVEL OF C	GE DAILY PA		NTES DOUBLE
									_				
Nursing Care	6	61	0	0	36		0	103		Nursing Ca		196	180
Skilled Under 22	0	0	0	0	0		0	0		Skilled Und		0	0
ICF/DD		13	0	0	0		0	13		Intermediat	te DD	118	112
Sheltered Care			0	0	0		0	0		Shelter		0	0
TOTALS	6	74	0	0	36		0	116					
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	DUPING						STAFFING		
		Nursing	Skilled		Shelte					EMPLOYM		FULL-TI	
RACE		Care	Under 22	2 ICF/D	D Ca	re	Tota	als		CATEGO	PRY	EQUIVAL	ENT.
Asian		0	0	(	)	0		0	_	Administrator	S	;	3.25
American Indian		0	0	(	)	0		0		Physicians			1.00
Black		0	0	1		0		1		Director of Nu	ırsing	;	3.00
Hawaiian/Pacific I	sl.	0	0	(	)	0		0		Registered N	urses	9.25	
White		103	0	12	2	0	1	15		LPN's		10.00	
Race Unknown		0	0	(	)	0		0		Certified Aide			1.00
Total		103	0	13	3	0	1	16		Other Health			2.00
									_	Non-Health S	taff	20	6.50
		Nursing	Skilled		Shelte	ered				Totals		10	6.00
ETHNICITY		Care	Under 22	2 ICF/D	D Ca	re	Tota	als					
Hispanic		0	0	C		0		0					
Non-Hispanic		103	0	13		0	1	16					
Ethnicity Unknown	า	0	0	C	)	0		0					
Total		103	0	13		0	1	16					
			ı	NET REVE	NUE BY P	AYOR	SOUF	CE (Fiscal \	ear Da	ta)			
											Charity	Charity	Care
Medicare	N	Medicaid	Other P	ublic Pri	vate Insura	ance	Pr	vate Pay		TOTALS	Care	Expense a	
9.3%		34.9%	į	5.6%	1	.5%		48.7%		100.0%	Expense*	Total Net I	Revenue
641,414		2,409,274	389.	,005	101,	444	3	3,359,722		6,900,859	. 0	0	.0%

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	4	DIAGNOSIS	
TOTAL FACILITIES	13	Chronic Alcoholism	11	Neoplasms	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	30
FREE STANDING FACILITIES	13	Drug Addiction	13	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	28
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	15
NURSING CARE BEDS ONLY	3	Mental Illness	2	Mental Illness	44
DD CARE BEDS ONLY	9	Non-Ambulatory	0	Developmental Disability	81
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	71
		Public Aid Recipient	1	Respiratory System	27
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	5
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	15
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	13	Skin Disorders	3
NON-PROFIT OWNERSHIP	10	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	22
FOR PROFIT OWNERSHIP	3	Other Restrictions	0	Injuries and Poisonings	19
		No Restrictions	0	Other Medical Conditions	3
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	368
Reported Identified Offenders	1	Total Residents	Diagnose	d with Mental Illness	71

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	1
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/2042	272
Nursing Care	342	342	273	342	247	95	264	340	Residents on 1/1/2013	373
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	324
Intermediate DD	80	80	80	80	80	0		80	Total Discharges 2013	329
Sheltered Care	49	49	41	49	41	8			Residents on 12/31/2013	368
TOTAL BEDS	471	471	394	471	368	103	264	420	_	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7,877	8.2%	45,388	36.5%	971	446	32,952	0	87,634	70.0%	70.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			27,813	95.0%	151	0	0	0	27,964	95.5%	95.5%
Sheltered Care					0	0	15,330	730	16,060	89.6%	89.6%
TOTALS	7,877	8.2%	73,201	47.6%	1,122	446	48,282	730	131,658	76.4%	76.4%

### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	5	5	0	0	5	5	10	
45 to 59	4	2	0	0	16	19	0	0	20	21	41	
60 to 64	4	2	0	0	4	7	0	0	8	9	17	
65 to 74	12	16	0	0	9	4	1	1	22	21	43	
75 to 84	24	44	0	0	2	5	2	1	28	50	78	
85+	38	101	0	0	1	3	7	29	46	133	179	
TOTALS	82	165	0	0	37	43	10	31	129	239	368	

RES	IDENTS B	Y PAYMENT	SOURC	E AND LEVE	EL OF CAR	RE				
LEVEL			Other		Private	Charity	,	AVERAGE DAILY F	'AYMENT I	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	25	123	8	0	91	0	247	Nursing Care	177	161
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		80	0	0	0	0	80	Intermediate DD	191	182
Sheltered Care			0	0	39	2	41	Shelter	95	95
TOTALS	25	203	8	0	130	2	368			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFFIN	G	
		Nursing	Skilled		Shelter			EMPLOYMENT	FULL-	
RACE		Care	Under 2	2 ICF/DE	) Care	)	Totals	CATEGORY	EQUIV	ALENT
Asian		0	0	0	(	0	0	Administrators		6.25
American Indian		0	0	0		0	0	Physicians		0.00
Black		2	0	9		0	11	Director of Nursing		5.75
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses		21.75
White		244	0	67	4	1	352	LPN's		36.75
Race Unknown		1	0	4	(	0	5	Certified Aides	1	188.25
Total		247	C	80	4	1	368	Other Health Staff		41.50
								Non-Health Staff	1	101.00
		Nursing	Skilled		Shelter	red		Totals		101.25
ETHNICITY		Care	Under 2	2 ICF/DE	) Care	Э	Totals			
Hispanic		1	C	) 4		0	5			
Non-Hispanic		197	C	46	4	1	284			

### NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

0

41

79

368

30

80

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
17.4%	30.6%	19.1%	0.8%	32.1%	100.0%	Expense*	Total Net Revenue	
3,857,412	6,769,900	4,235,629	185,872	7,102,188	22,151,001	43,224	0.2%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

0

0

49

247

Ethnicity Unknown

Total

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	4	DIAGNOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	3	Neoplasms	13
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	26
FREE STANDING FACILITIES	7	Drug Addiction	4	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	30
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	113
NURSING CARE BEDS ONLY	6	Mental Illness	2	Mental Illness	69
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	17
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	57
		Public Aid Recipient	0	Respiratory System	28
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	10
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	7
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	7	Skin Disorders	0
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	14
FOR PROFIT OWNERSHIP	5	Other Restrictions	3	Injuries and Poisonings	18
		No Restrictions	0	Other Medical Conditions	18
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	421
Reported Identified Offenders	18	Total Residents	s Diagnosed	with Mental Illness	117

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Daa'daata aa 4/4/0040	444
Nursing Care	535	535	459	535	406	129	323	549	Residents on 1/1/2013	419
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	539
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2013	537
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	421
TOTAL BEDS	551	551	474	551	421	130	323	565	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11,258	9.5%	94,359	47.0%	3,455	1,028	42,906	0	153,006	78.1%	78.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,191	88.6%	0	0	0	0	5,191	88.6%	88.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11,258	9.5%	99,550	48.1%	3,455	1,028	42,906	0	158,197	78.4%	78.4%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECI	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	TO	DTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	8	0	0	2	1	0	0	12	9	21
45 to 59	19	12	0	0	5	2	0	0	24	14	38
60 to 64	8	7	0	0	1	0	0	0	9	7	16
65 to 74	21	34	0	0	0	2	0	0	21	36	57
75 to 84	53	68	0	0	0	1	0	0	53	69	122
85+	42	124	0	0	0	1	0	0	42	125	167
TOTALS	153	253	0	0	8	7	0	0	161	260	421

LTC PLANNING AREA

LEVEL	IDENIS B	Y PAYMENT	Other	E AND LE			= Charity			AVED A	GE DAILY PA	VMENT DA	TEC
OF CARE	Medicare	Medicaid	Public	Insurance		Pay	Care	TOTALS	S	LEVEL OF C			DOUBLE
Nursing Care	31	238	17	3		117	0	406	<u> </u>	Nursing Ca	ire	189	157
Skilled Under 22	0	0	0	0		0	0	0		Skilled Und		0	0
ICF/DD		15	0	0		0	0	15	i	Intermediat	te DD	0	116
Sheltered Care			0	0		0	0	0	)	Shelter		0	0
TOTALS	31	253	17	3		117	0	421					
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY G	ROUF	PING					STAFFING		
		Nursing	Skilled			Sheltere				EMPLOYM		FULL-TI	
RACE		Care	Under 2	2 ICF/	DD	Care	7	Totals		CATEGO	DRY	EQUIVAL	ENT.
Asian		1	0		0	0		1	_	Administrator	S	•	7.25
American Indian		0	0		0	0		0		Physicians		(	0.00
Black		5	0		0	0		5		Director of Nu	ırsing	(	6.00
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered N	urses	40	0.25
White		400	0		15	0		415		LPN's		3	3.00
Race Unknown		0	0		0	0		0		Certified Aides		17	0.00
Total		406	0		15	0		421		Other Health		37.00	
									=	Non-Health S	taff	16	3.00
		Nursing	Skilled			Sheltere	ed			Totals		46	6.50
ETHNICITY		Care	Under 2	2 ICF/	DD	Care	-	Γotals					
Hispanic		5	0	)	0	C	)	5					
Non-Hispanic		331	0	,	15	C	)	346					
Ethnicity Unknow	n	70	0	1	0	C	)	70					
Total		406	0	)	15	C	)	421					
				NET REV	ENUI	E BY PAY	OR SO	URCE (Fi	iscal Year Da	ata)			
											Charity	Charity	Care
Medicare	ľ	Medicaid	Other F	Public F	rivate	e Insuran	ce	Private Pa	ay	TOTALS	Care	Expense a	ıs % of
19.8%		43.2%		1.5%		2.3	%	33.	3%	100.0%	Expense*	Total Net I	Revenue
5,342,149		11,662,469	396	5,912		609,39	3	8,988,8	84	26,999,807	2,481	0	.0%

ILLINOIS LONG-TERM CARE DATA SUI	/IWARY-CA	LENDAK YEAR 2014 LTC	PLANNING ARE	A Stephenson		
HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	5	DIAGNOSIS		
TOTAL FACILITIES	8	Chronic Alcoholism	5	Neoplasms	4	
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	29	
FREE STANDING FACILITIES	8	Drug Addiction	6	Blood Disorders	7	
		Medicaid Recipient	0	Nervous System Non Alzheimer	25	
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	86	
NURSING CARE BEDS ONLY	5	Mental Illness	4	Mental Illness	12	
DD CARE BEDS ONLY	2	Non-Ambulatory	0	Developmental Disability	33	
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	113	
		Public Aid Recipient	0	Respiratory System	49	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	13	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	20	
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	8	Skin Disorders	4	
NON-PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	39	
FOR PROFIT OWNERSHIP	1	Other Restrictions	1	Injuries and Poisonings	46	

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

57

537

94

0

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

1

1

2

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

. = . = = = = = = =	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	- Decidente en 1/1/2012	E20
Nursing Care	624	620	538	620	480	144	534	511	Residents on 1/1/2013	520
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,055
Intermediate DD	32	32	32	32	30	2		32	Total Discharges 2013	1,038
Sheltered Care	43	27	27	27	27	16			Residents on 12/31/2013	537
TOTAL BEDS	699	679	597	679	537	162	534	543	_	

### FACILITY UTILIZATION - 2014

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19,870	10.2%	79,762	42.6%	3,147	2,207	68,029	1,371	174,386	76.4%	76.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			10,210	87.2%	0	0	0	0	10,210	87.2%	87.2%
Sheltered Care					0	0	7,990	89	8,079	51.3%	81.8%
TOTALS	19,870	10.2%	89,972	45.3%	3,147	2,207	76,019	1,460	192,675	75.3%	77.5%

RESIDENTS BY AGE GROUP. SEX AND LEVEL OF CARE - DECEMBER 31. 2014
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	NURSIN	IG CARE	SKL UNDER 22		INTER	RMED. DD	SHEL	_TERED	T	TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	5	5	0	0	8	5	0	0	13	10	23
60 to 64	7	5	0	0	0	2	0	0	7	7	14
65 to 74	20	23	0	0	1	2	0	0	21	25	46
75 to 84	43	71	0	0	0	1	2	3	45	75	120
85+	75	226	0	0	0	0	2	20	77	246	323
TOTALS	150	330	0	0	15	15	4	23	169	368	537

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	,	TALS	AVERA( LEVEL OF (	GE DAILY PA Care		ATES Double
Nursing Care	56	207	8	9	196	4		480	Nursing Ca	ire	193	167
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0
ICF/DD		30	0	0	0	0		30	Intermedia	te DD	0	125
Sheltered Care			0	0	26	1		27	Shelter		74	0
TOTALS	56	237	8	9	222	5		537				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GRO	DUPING					STAFFING		
		Nursing	Skilled		Shelte				EMPLOYM	YMENT FULL-TII		
RACE		Care	Under 2	2 ICF/D	D Ca	re	Totals		CATEGO	DRY	EQUIVAL	ENT
Asian		0	0	(	)	0	0		Administrator	S		6.50
American Indian		0	0	(	)	0	0		Physicians			0.00
Black		14	0	3	3	0	17		Director of Nu	ırsing		6.00
Hawaiian/Pacific	Isl.	0	0	(	)	0	0		Registered N	urses	5	4.24
White		466	0	27	7	27	520		LPN's		5	6.43
Race Unknown		0	0	(	)	0	0		Certified Aides		23	6.64
Total		480	0	30	27 537 Other Health Staff		Other Health Staff		0.23			
									Non-Health S	taff	16	7.53
		Nursing	Skilled		Shelte	ered			Totals		55	7.57
ETHNICITY		Care	Under 2	2 ICF/D			Totals	3				
Hispanic		1	0	) C	)	0	1					
Non-Hispanic		479	0	30	)	27	536					
Ethnicity Unknow	'n	0	0	) C	)	0	0					
Total		480	0	30	)	27	537	<del></del>				
				NET REVE	NUE BY P	AYOR S	OURC	E (Fiscal Ye	ear Data)			
										Charity	Charity	Care
Medicare	I	Medicaid	Other F	Public Pri	vate Insura	ance	Priva	ite Pay	TOTALS	Care	Expense a	as % of
20.6%		30.2%		1.4%	5	5.7%		42.1%	100.0%	Expense*	Total Net	Revenue
7,126,688		10,449,316		3,153	1,958,0			64,341	34,596,584	182,009	_	.5%

ILLINOIS LONG-TERM CARE DATA	SUMMARY-CA	LENDAR YEAR 2014 L	TC PLANNING ARE	EA Whiteside	
HEALTH SERVICE AREA	001	ADMISSION RESTRICTIO Aggressive/Anti-Social	<b>NS</b> 9	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	GNOSIS
TOTAL FACILITIES	16	Chronic Alcoholism	8	Neoplasms	7
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	31
FREE STANDING FACILITIES	16	Drug Addiction	8	Blood Disorders	9
		Madisaid Paginiant	0	Norvous System Non Alzheimer	<b>5</b> 2

FREE STANDING FACILITIES	16	Drug Addiction	8	Blood Disorders	9
		Medicaid Recipient	0	Nervous System Non Alzheimer	52
FACILITIES LICENSED FOR:		Medicare Recipient	3	Alzheimer Disease	97
NURSING CARE BEDS ONLY	11	Mental Illness	2	Mental Illness	106
DD CARE BEDS ONLY	5	Non-Ambulatory	0	Developmental Disability	146
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	92
		Public Aid Recipient	0	Respiratory System	48
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	15
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	13
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	14	Skin Disorders	5
NON-PROFIT OWNERSHIP	9	Infectious Disease w/ Isolation	4	Musculo-skeletal Disorders	63
FOR PROFIT OWNERSHIP	6	Other Restrictions	4	Injuries and Poisonings	32
		No Restrictions	1	Other Medical Conditions	38

Non-Medical Conditions

0

754

190

# LIFE CARE FACILITY 1 TOTALS Reported Identified Offenders 34 Total Residents Diagnosed with Mental Illness

0

**CONTINUING CARE COMMUNITY** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care Skilled Under 22	836 85	804 85	659 84	722 85	597 84	239	562	808 85	Residents on 1/1/2013 Total Admissions 2013	730 850
Intermediate DD	64	64	64	64	62	2		64	Total Discharges 2013 Residents on 12/31/2013	812 768
Sheltered Care TOTAL BEDS	985	957	811	871	743	0 242	562	957	-	7 00

#### FACILITY UTILIZATION - 2014

LEVEL OF CARE		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pci.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18,730	9.1%	131,867	44.6%	1,606	967	58,517	0	211,687	69.2%	71.9%
Skilled Under 22			30,081	96.7%	0	0	0	0	30,081	96.7%	96.7%
Intermediate DD			22,231	94.9%	0	0	0	0	22,231	94.9%	94.9%
Sheltered Care					0	0	341	0	341	0.0%	23.3%
TOTALS	18,730	9.1%	184,179	52.6%	1,606	967	58,858	0	264,340	73.3%	75.5%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	_TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	41	18	20	15	16	16	0	0	77	49	126
45 to 59	58	29	19	19	7	5	0	0	84	53	137
60 to 64	17	16	2	1	2	6	0	0	21	23	44
65 to 74	32	48	6	1	1	6	0	0	39	55	94
75 to 84	33	84	1	0	0	2	0	0	34	86	120
85+	47	174	0	0	0	0	0	0	47	174	221
TOTALS	228	369	48	36	26	36	0	0	302	441	743

LEVEL			Other		Pı	rivate	Charit	У		AVERA	GE DAILY PA	AYMENT RA	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	e l	Pay	Care	ТО	TALS	LEVEL OF (	CARE	SINGLE I	DOUBLE
Nursing Care	46	391	1	6		153	0		597	Nursing Ca	are	187	160
Skilled Under 22	0	84	0	0		0	0		84	Skilled Und	der 22	0	175
ICF/DD		62	0	0		0	0		62	Intermedia	te DD	0	140
Sheltered Care			0	0		0	0		0	Shelter		121	0
TOTALS	46	537	1	6		153	0		743				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GF	ROUP	ING					STAFFING	ì	
		Nursing	Skilled			Shelter				EMPLOYM		FULL-TI	
RACE		Care	Under 2	2 ICF/	DD	Care	9	Totals		CATEGO	DRY	EQUIVAL	LENT
Asian		2	0		0		0	2		Administrator	'S	1	4.08
American Indian		1	0		0		0	1		Physicians		,	0.00
Black		23	8		6		0	37		Director of No	ursing	1:	2.33
Hawaiian/Pacific	Isl.	0	0		0		0	0		Registered Nurses		56.08	
White		569	76	;	56		0	701		LPN's		8	0.82
Race Unknown		2	0		0		0	2		Certified Aide		353.75	
Total		597	84	. (	52		0	743		Other Health	Staff	75.11	
										Non-Health S	staff	20	1.31
		Nursing	Skilled			Shelte	red			Totals		79	3.48
ETHNICITY		Care	Under 2	2 ICF/	DD	Car	е	Totals	;				
Hispanic		14	4		4		0	22					
Non-Hispanic		501	79	5	58		0	638					
Ethnicity Unknow	'n	82	1		0		0	83					
Total		597	84	. (	62		0	743	<del></del>				
				NET REV	ENUE	BY PA	YOR S	OURC	E (Fiscal Y	ear Data)			
											Charity	Charity	Care
Medicare	1	Medicaid	Other F	Public F	rivate	Insura	nce	Priva	te Pay	TOTALS	Care	Expense a	as % of
19.6%		51.2%		4.3%		0.	5%		24.5%	100.0%	Expense*	Total Net	Revenue
8,563,383		22,314,238	1,857	700		205,4	00	10.6	70,231	43,611,133	4,657	0	.0%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC	PLANNING ARE	<b>A</b> Winnebago	
HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS Aggressive/Anti-Social	i 17	RESIDENTS BY PRIMARY DIAGONOSIS	NOSIS
TOTAL FACILITIES	27	Chronic Alcoholism	19	Neoplasms	45
HOSPITAL BASED UNITS	0	Developmentally Disabled	10	Endocrine/Metabolic	73
FREE STANDING FACILITIES	27	Drug Addiction	19	Blood Disorders	13
		Medicaid Recipient	0	Nervous System Non Alzheimer	138
FACILITIES LICENSED FOR:		Medicare Recipient	7	Alzheimer Disease	245
NURSING CARE BEDS ONLY	11	Mental Illness	9	Mental Illness	290
DD CARE BEDS ONLY	11	Non-Ambulatory	1	Developmental Disability	195
MULTI-LICENSED FACILITIES	5	Non-Mobile	1	Circulatory System	340
		Public Aid Recipient	2	Respiratory System	176
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	42
OWNERSHIP TYPE		Unable to Self-Medicate	3	Genitourinary System Disorders	67
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	24	Skin Disorders	23
NON-PROFIT OWNERSHIP	15	Infectious Disease w/ Isolation	9	Musculo-skeletal Disorders	206
FOR PROFIT OWNERSHIP	11	Other Restrictions	2	Injuries and Poisonings	107
		No Restrictions	0	Other Medical Conditions	235

Non-Medical Conditions

**TOTALS** 

**Total Residents Diagnosed with Mental Illness** 

55

2,250

490

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

4

89

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0040	0.040
Nursing Care	2,222	2,079	1,854	2,079	1,701	521	1496	1843	Residents on 1/1/2013	2,249
Skilled Under 22	99	99	99	99	97	2		96	Total Admissions 2013	4,740
Intermediate DD	180	179	178	179	176	4		180	Total Discharges 2013	4,749
Sheltered Care	437	437	318	437	282	155			Residents on 12/31/2013	2,240
TOTAL BEDS	2,938	2,794	2,449	2,794	2,256	682	1496	2119	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Med Pat. davs	icare Occ. Pct.	Medi Pat. days		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	84,598	15.5%	384,934	57.1%	12,504	26,787	110,861	4	619,688	76.2%	81.4%
Skilled Under 22			34,901	99.3%	0	0	0	0	34,901	96.3%	96.3%
Intermediate DD			63,698	96.7%	0	0	365	0	64,063	97.2%	97.8%
Sheltered Care					0	0	104,868	3,687	108,555	67.9%	67.9%
TOTALS	84,598	15.5%	483,533	62.3%	12,504	26,787	216,094	3,691	827,207	76.9%	80.9%

	NURSING CARE		SKL UNDER 22			RMED. DD		EMBER 31, 20 LTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	20	14	0	0	0	0	20	14	34
18 to 44	25	14	39	22	45	40	0	0	109	76	185
45 to 59	92	77	0	2	28	27	0	0	120	106	226
60 to 64	67	61	0	0	6	2	0	2	73	65	138
65 to 74	102	144	0	0	11	12	3	2	116	158	274
75 to 84	150	252	0	0	1	4	17	40	168	296	464
85+	143	574	0	0	0	0	64	154	207	728	935
TOTALS	579	1.122	59	38	91	85	84	198	813	1.443	2.256

LEVEL			Other		Private	Charity		AVERAG	GE DAILY PA	AYMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF C	CARE	SINGLE I	DOUBLE
Nursing Care	255	1,001	47	106	292	0	1,701	Nursing Ca	re	264	207
Skilled Under 22	0	97	0	0	0	0	97	Skilled Und	ler 22	250	179
ICF/DD		175	0	0	1	0	176	Intermediat	e DD	189	164
Sheltered Care			0	0	273	9	282	Shelter		167	126
TOTALS	255	1,273	47	106	566	9	2,256				
	RESIDEN	ITS BY RAC	IAL/ETHN	ICITY GRO	UPING				STAFFING	i	
		Nursing	Skilled		Shelter			EMPLOYM		FULL-TI	
RACE		Care	Under 22	ICF/DD	Care	e 7	otals	CATEGO	PRY	EQUIVAL	ENT
Asian		11	1	2		0	14	Administrator	S	179	9.36
American Indian		0	1	1		0	2	Physicians		(	0.20
Black		168	18	25		1	212	Director of Nursing		97.00	
Hawaiian/Pacific I	sl.	6	2	0		0	8	Registered N	urses	886.53	
White		1,485	67	147	28	1	1,980	LPN's		1241.84	
Race Unknown		31	8	1		0	40	Certified Aide		3015.59	
Total		1,701	97	176	28	2 2	2,256	Other Health		2086.30	
								Non-Health S	taff	67	1.51
		Nursing	Skilled		Shelte	red		Totals		8178	8.33
ETHNICITY		Care	Under 22	ICF/DD	Car	е -	Γotals				
Hispanic		24	7	9		0	40				
Non-Hispanic		1,483	90	167	28	32	2,022				
Ethnicity Unknown	1	194	0	0		0	194				
Total		1,701	97	176	28	32 2	2,256				
			N	IET REVEN	UE BY PA	YOR SC	URCE (Fiscal Yo	ear Data)			
									Charity	Charity	
Medicare	N	/ledicaid	Other Pu		ate Insura		Private Pay	TOTALS	Care	Expense a	
22.2%		33.7%		8%	_	5%	34.8%	100.0%	Expense*	Total Net	
39,334,234		59,740,428	4,879,0	650	11,506,4	98	61,638,018	177,098,828	533,851	0	.3%

ILLINOIS LONG-TERM CARE DATA SUI			LANNING ARE		
HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	1	RESIDENTS BY PRIMARY DIAGNOSIS	10818
TOTAL FACILITIES	4	Aggressive/Anti-Social Chronic Alcoholism	1		8
	-		!	Neoplasms	-
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	8
FREE STANDING FACILITIES	4	Drug Addiction	1	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	25
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	37
NURSING CARE BEDS ONLY	4	Mental Illness	1	Mental Illness	32
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	1
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	43
		Public Aid Recipient	0	Respiratory System	9
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	8
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	1
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	4	Skin Disorders	1
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	27
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	9

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

71

1

281

52

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

30

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

. = . = = = = = = =	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	ļ
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0040	07
Nursing Care	377	377	296	360	281	96	234	350	Residents on 1/1/2013	27
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	47
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	47
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	28
TOTAL BEDS	377	377	296	360	281	96	234	350	_	

### FACILITY UTILIZATION - 2014

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,751	14.9%	50,199	39.2%	2,112	862	36,303	0	102,227	74.1%	74.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12,751	14.9%	50,199	39.2%	2,112	862	36,303	0	102,227	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEM	ECEMBER 31, 2014
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	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	16	19	0	0	0	0	0	0	16	19	35
75 to 84	19	41	0	0	0	0	0	0	19	41	60
85+	40	128	0	0	0	0	0	0	40	128	168
TOTALS	86	195	0	0	0	0	0	0	86	195	281

LEVEL			Other		Private	Charity			AVERAG	SE DAILY PA	YMENT RA	ATES
OF CARE	Medicare	Medicaid		nsurance	Pay	Care	TOTALS		LEVEL OF C			DOUBLE
Nursing Care	34	121	1	2	123	0	281		Nursing Ca	re	220	178
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	er 22	0	0
ICF/DD		0	0	0	0	0	0		Intermediat	e DD	0	0
Sheltered Care			0	0	0	0	0		Shelter		0	0
TOTALS	34	121	1	2	123	0	281					
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING					STAFFING		
		Nursing	Skilled		Shelte				EMPLOYM		FULL-TI	
RACE		Care	Under 22	ICF/DE	) Car	e ·	Totals		CATEGO	RY	EQUIVAL	LENT
Asian		1	0	0		0	1		Administrator	S		4.00
American Indian		0	0	0		0	0		Physicians			0.00
Black		0	0	0		0	0		Director of Nursing			4.00
Hawaiian/Pacific	lsl.	0	0	0		0	0		Registered Nurses		2	7.00
White		280	0	0		0	280		LPN's		_	3.00
Race Unknown		0	0	0		0	0		Certified Aide	-		2.00
Total		281	0	0		0	281		Other Health			9.00
									Non-Health S	taff	10	9.00
		Nursing	Skilled		Shelte	red			Totals		30	8.00
ETHNICITY		Care	Under 22	ICF/DI	O Car	е	Totals					
Hispanic		2	0	0		0	2					
Non-Hispanic		279	0	0		0	279					
Ethnicity Unknow	n	0	0	0		0	0					
Total		281	0	0		0	281					
			N	IET REVEN	NUE BY PA	AYOR SO	OURCE (Fis	cal Year I	Data)			
										Charity	Charity	Care
Medicare	I	Medicaid	Other Pu	ıblic Priv	vate Insura	nce	Private Pay	y	TOTALS	Care	Expense a	as % of
25.8%		36.3%	0	.5%	0.	.6%	36.89	%	100.0%	Expense*	Total Net	Revenue
5,059,008		7,102,648	105,6	685	121,2	279	7,199,994	4	19,588,614	0	0	.0%

	000	ADMICOION DECEDICATIONS			10010
HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS Aggressive/Anti-Social	2	RESIDENTS BY PRIMARY DIAGNOSIS	IOSIS
TOTAL FACILITIES	9	Chronic Alcoholism	2	Neoplasms	10
HOSPITAL BASED UNITS	1	Developmentally Disabled	2	Endocrine/Metabolic	23
FREE STANDING FACILITIES	8	Drug Addiction	4	Blood Disorders	5
		Medicaid Recipient	0	Nervous System Non Alzheimer	21
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	62
NURSING CARE BEDS ONLY	7	Mental Illness	2	Mental Illness	47
DD CARE BEDS ONLY	2	Non-Ambulatory	1	Developmental Disability	91
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	56
		Public Aid Recipient	1	Respiratory System	50
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	12
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	13
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	9	Skin Disorders	3
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	28

1

**Total Residents Diagnosed with Mental Illness** 

32,910

4,118

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

0

179,387

71.1%

74.4%

5

80

506

86

0

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Other Restrictions

No Restrictions

6

0

0

4

123,612

50.6%

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

**TOTALS** 

16,980

11.3%

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	4
Nursing Care Skilled Under 22	603 70	573 70	477 70	566	421 70	182	409	582 70	Residents on 1/1/2013 Total Admissions 2013	480 969
Intermediate DD Sheltered Care	16 0	16 0	16	16	15 0	1		16	Total Discharges 2013 Residents on 12/31/2013	959 490
TOTAL BEDS	689	659	563	652	506	183	409	668	-	

### FACILITY UTILIZATION - 2014

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medi	care	Med	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16,980	11.3%	94,692	44.5%	1,767	4,118	32,904	0	150,461	68.2%	71.7%
Skilled Under 22			23,171	90.4%	0	0	6	0	23,177	90.5%	90.5%
Intermediate DD			5,749	98.2%	0	0	0	0	5,749	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHE	LTERED	T	DTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	7	6	0	0	0	0	7	6	13
18 to 44	4	3	18	24	1	4	0	0	23	31	54
45 to 59	24	15	5	3	5	2	0	0	34	20	54
60 to 64	15	16	3	1	1	2	0	0	19	19	38
65 to 74	17	41	2	1	0	0	0	0	19	42	61
75 to 84	32	92	0	0	0	0	0	0	32	92	124
85+	41	121	0	0	0	0	0	0	41	121	162
TOTALS	133	288	35	35	7	8	0	0	175	331	506

1,767

_	IDENTS B	Y PAYMENT		E AND L									
LEVEL			Other				Charity				GE DAILY PA		_
OF CARE	Medicare	Medicaid	Public	Insuran	ce	Pay	Care	TOTAL	LS	LEVEL OF C	CARE	SINGLE	DOUBLE
Nursing Care	38	276	0	11		96	0	42	21	Nursing Ca	re	211	177
Skilled Under 22	0	69	0	C	)	1	0	7	0	Skilled Und	ler 22	195	195
ICF/DD		15	0	C	)	0	0	1	5	Intermediat	te DD	0	107
Sheltered Care			0	C	)	0	0		0	Shelter		0	0
TOTALS	38	360	0	11		97	0	50	06				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY O	ROU	PING					STAFFING	i	
		Nursing	Skilled			Sheltere				EMPLOYM		FULL-	
RACE		Care	Under 2	2 ICF	F/DD	Care		Totals		CATEGO	PRY	EQUIVA	ALENT
Asian		0	1		0	0	)	1	•	Administrator	S		8.00
American Indian		0	0		0	0	)	0		Physicians			0.00
Black		4	27		0	0	)	31		Director of Nursing		8.00	
Hawaiian/Pacific I	sl.	0	0		0	0	)	0		Registered Nurses			50.25
White		417	42		15	0	)	474		LPN's		55.00	
Race Unknown		0	0		0	0	)	0		Certified Aide	~	199.00	
Total		421	70	)	15	0	)	506		Other Health		47.00	
										Non-Health S	taff	1	16.00
		Nursing	Skilled			Sheltere	ed			Totals		4	83.25
ETHNICITY		Care	Under 2	2 ICF	F/DD	Care		Totals					
Hispanic		0	2	2	0	(	)	2					
Non-Hispanic		421	68	3	15	(	)	504					
Ethnicity Unknowr	า	0	0	)	0	(	)	0					
Total		421	70	)	15	(	)	506					
				NET RE	VENU	E BY PA	YOR SO	OURCE (I	Fiscal Year D	ata)			
											Charity	Charit	ty Care
Medicare	N	Medicaid	Other F	Public	Privat	te Insuran	ce	Private I	Pay	TOTALS	Care		as % of
23.4%		32.5%		0.1%		5.5	%	38	3.6%	100.0%	Expense*	Total Ne	t Revenue
109,055,398	1	51,525,615	358	3,953		25,475,67	'2	179,690,	,260	466,105,898	23,212		0.0%

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	0	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	0	Neoplasms	4
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	14
FREE STANDING FACILITIES	3	Drug Addiction	0	Blood Disorders	0
		Medicaid Recipient	1	Nervous System Non Alzheimer	9
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	17
NURSING CARE BEDS ONLY	3	Mental Illness	0	Mental Illness	36
DD CARE BEDS ONLY	0	Non-Ambulatory	1	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	25
		Public Aid Recipient	0	Respiratory System	6
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	5
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	0
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	15
FOR PROFIT OWNERSHIP	2	Other Restrictions	1	Injuries and Poisonings	0

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

12

0

143

36

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

1

3

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

1 EVEL 05 04 BE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	4
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	- Residents on 1/1/2013	14
Nursing Care	218	211	157	209	143	75	159	218		
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	210
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	21
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	14:
TOTAL BEDS	218	211	157	209	143	75	159	218	_	

### FACILITY UTILIZATION - 2014

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,109	7.1%	26,910	33.7%	0	118	18,696	4	49,837	62.5%	64.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4,109	7.1%	26,910	33.7%	0	118	18,696	4	49,837	62.5%	64.5%

RESIDENTS BY AGE GROUP	. SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEI	_TERED ´	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	18	57	0	0	0	0	0	0	18	57	75
TOTALS	49	94	0	0	0	0	0	0	49	94	143

RE	SIDENTS B'	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT I	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	14	71	3	1	54	0	143	Nursing Care	174	143
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	14	71	3	1	54	0	143			
	5501551	TO DV D 40						07455		

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROU	PING		STAFFIN	STAFFING			
RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT			
Asian	0	0	0	0	0	Administrators	3.00			
American Indian	0	0	0	0	0	Physicians	0.00			
Black	2	0	0	0	2	Director of Nursing	3.00			
Hawaiian/Pacific Isl.	1	0	0	0	1	Registered Nurses	9.00			
White	140	0	0	0	140	LPN's	19.00			
Race Unknown	0	0	0	0	0	Certified Aides	66.00			
Total	143	0	0	0	143	Other Health Staff	6.00			
	-	_				Non-Health Staff	56.00			
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	Totals	162.00			
Hispanic	1	0	0	0	1					
Non-Hispanic	142	0	0	0	142					
Ethnicity Unknown	0	0	0	0	0					
Total	143	0	0	0	143					

### NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
23.5%	38.4%	0.8%	2.1%	35.2%	100.0%	Expense*	Total Net Revenue	
1,968,149	3,209,381	66,511	177,818	2,941,637	8,363,496	8,798	0.1%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	7	DIAGNOSIS	
TOTAL FACILITIES	13	Chronic Alcoholism	5	Neoplasms	16
HOSPITAL BASED UNITS	1	Developmentally Disabled	2	Endocrine/Metabolic	31
FREE STANDING FACILITIES	12	Drug Addiction	5	Blood Disorders	1
		Medicaid Recipient	1	Nervous System Non Alzheimer	29
FACILITIES LICENSED FOR:		Medicare Recipient	5	Alzheimer Disease	84
NURSING CARE BEDS ONLY	8	Mental Illness	1	Mental Illness	66
DD CARE BEDS ONLY	5	Non-Ambulatory	0	Developmental Disability	85
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	141
		Public Aid Recipient	0	Respiratory System	71
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	16
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	34
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	12	Skin Disorders	6
NON-PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	5	Musculo-skeletal Disorders	85
FOR PROFIT OWNERSHIP	7	Other Restrictions	1	Injuries and Poisonings	17
		No Restrictions	1	Other Medical Conditions	42
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0
LIFE CARE FACILITY	1			TOTALS	724
Reported Identified Offenders	33	Total Resident	ts Diagnosed	with Mental Illness	189

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AN DISCHARGES - 20	_
									Residents on 1/1/2013	762
Nursing Care	950	930	763	868	646	304	870	842	Total Admissions 2013	1.888
Skilled Under 22	0	0	0	0	0	0		0		,
Intermediate DD	80	rmediate DD 80 80 80 78	2	80	Total Discharges 2013	1,925				
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	725
TOTAL BEDS	1,030	1,010	843	948	724	306	870	922		

### FACILITY UTILIZATION - 2014

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Med	licaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	32,190	10.1%	143,763	46.7%	5	4,587	66,126	0	246,671	70.9%	72.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			28,189	96.3%	0	0	0	0	28,189	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	32,190	10.1%	171,952	51.0%	5	4,587	66,126	0	274,860	72.9%	74.4%

RESIDENTS BY AGE GROUP. SEX AND LEVEL OF CARE - DECEMBER 31. 2014
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	NURSING CARE		SKL UNDER 22		INTER	INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	6	0	0	12	20	0	0	24	26	50
45 to 59	25	31	0	0	12	11	0	0	37	42	79
60 to 64	16	20	0	0	3	2	0	0	19	22	41
65 to 74	40	48	0	0	7	7	0	0	47	55	102
75 to 84	60	111	0	0	3	0	0	0	63	111	174
85+	68	209	0	0	1	0	0	0	69	209	278
TOTALS	221	425	0	0	38	40	0	0	259	465	724

RES LEVEL	SIDENTS B	Y PAYMENT	Other	E AND LEV	EL OF CAI Private	RE Charity		AVERAGE	E DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CA	RE	SINGLE [	OOUBLE
Nursing Care	94	358	2	44	148	0	646	Nursing Care	)	268	228
Skilled Under 22	0	0	0	0	0	0	0	Skilled Unde	r 22	0	0
ICF/DD		78	0	0	0	0	78	Intermediate	DD	0	117
Sheltered Care			0	0	0	0	0	Shelter		0	0
TOTALS	94	436	2	44	148	0	724				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GR	DUPING				STAFFING		
		Nursing	Skilled		Shelte			EMPLOYME		FULL-TII	
RACE		Care	Under 22	2 ICF/D	D Car	е	Totals	CATEGOR	Y.	EQUIVAL	ENT.
Asian		2	0	(	)	0	2	Administrators		(	9.25
American Indian		1	0	(	)	0	1	Physicians		(	0.00
Black		29	0	į	5	0	34	Director of Nurs	sing	8	3.00
Hawaiian/Pacific	Isl.	0	0	14	ļ	0	14	Registered Nur	ses	99	9.02
White		612	0	59	)	0	671	LPN's		109	9.83
Race Unknown		2	0	(	)	0	2	Certified Aides		379	9.88
Total		646	0	78	3	0	724	Other Health Si Non-Health Sta			5.00 5.51
		Nursing	Skilled	0 105/0	Shelte		<del>-</del>	Totals			6.49
ETHNICITY		Care	Under 22	2 ICF/D	D Car	e	Totals				
Hispanic		9	0	2	) :	0	11				
Non-Hispanic		636	0	76	;	0	712				
Ethnicity Unknow	'n	1	0	(	)	0	1				
Total		646	0	78	}	0	724				
				NET REVE	NUE BY PA	AYOR SO	OURCE (Fiscal	Year Data)			
	_		<b>.</b>						Charity	Charity	
Medicare	ľ	Medicaid	Other P		vate Insura		Private Pay	TOTALS	Care	Expense a	
25.7%		43.0%		1.0%		.7%	23.5%	100.0%	Expense*	Total Net I	
12,091,446		20,185,070	479	,132	3,157,9	931	11,061,611	46,975,190	73,325	0.	.2%

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
TILALITI OLIVIOL AILLA	002	Aggressive/Anti-Social	11	DIAGNOSIS	10010	
TOTAL FACILITIES	15	Chronic Alcoholism	11	Neoplasms	17	
HOSPITAL BASED UNITS	0	Developmentally Disabled	7	Endocrine/Metabolic	49	
FREE STANDING FACILITIES	15	Drug Addiction	11	Blood Disorders	2	
		Medicaid Recipient	0	Nervous System Non Alzheimer	57	
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	142	
NURSING CARE BEDS ONLY	10	Mental Illness	7	Mental Illness	67	
DD CARE BEDS ONLY	3	Non-Ambulatory	1	Developmental Disability	46	
MULTI-LICENSED FACILITIES	2	Non-Mobile	2	Circulatory System	233	
		Public Aid Recipient	2	Respiratory System	71	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	20	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	40	
GOVERNMENTAL OWNERSHIP	2	Ventilator Dependent	15	Skin Disorders	14	
NON-PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	97	
FOR PROFIT OWNERSHIP	7	Other Restrictions	1	Injuries and Poisonings	27	

**Total Residents Diagnosed with Mental Illness** 

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

1,142

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	4.40
Nursing Care	1,367	1,299	1,186	1,283	1,098	269	1138	1028	Residents on 1/1/2013	1,13
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,97
Intermediate DD	48	48	47	48	41	7		47	Total Discharges 2013	1,94
Sheltered Care	50	42	30	42	26	24			Residents on 12/31/2013	1,16
TOTAL BEDS	1,465	1,389	1,263	1,373	1,165	300	1138	1075	_	

### **FACILITY UTILIZATION - 2014**

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	56,792	13.6%	173,400	46.1%	2,191	3,578	161,195	114	397,270	79.4%	83.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			14,996	87.2%	0	0	0	0	14,996	85.4%	85.4%
Sheltered Care					0	0	9,583	0	9,583	52.4%	62.3%
TOTALS	56,792	13.6%	188,396	47.9%	2,191	3,578	170,778	114	421,849	78.7%	83.0%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECE	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	NDER 22	INTER	MED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	12	15	0	0	14	16	30
45 to 59	10	9	0	0	7	4	0	0	17	13	30
60 to 64	20	21	0	0	1	0	0	0	21	21	42

Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

LTC PLANNING AREA

LEVEL			Other		Private	Charit	V		AVERA	GE DAILY PA	AYMENT F	RATES	
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care		LS	LEVEL OF (	_	SINGLE	DOUBLE	
Nursing Care	178	452	6	8	455	0	1,09	19	Nursing Ca	ire	316	288	
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0	
ICF/DD		41	0	0	0	0	4	1	Intermedia	te DD	0	131	
Sheltered Care			0	0	26	0	2	:6	Shelter		130	163	
TOTALS	178	493	6	8	481	0	1,16	6					
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GR	DUPING					STAFFING	<b>.</b>		
		Nursing	Skilled		Shelte				EMPLOYM		FULL-		
RACE		Care	Under 2	2 ICF/D	D Ca	re	Totals		CATEGO	PRY	EQUIVA	ALENT	
Asian		0	0	) (	)	0	0		Administrator	S		14.25	
American Indian		0	0	) (	)	0	0		Physicians		0.00		
Black		6	0	) 4	ļ	0	10		Director of Nu	ursing		12.00	
Hawaiian/Pacific I	sl.	0	0	) (	)	0	0		Registered N	urses	1	65.87	
White		1,091	0	37	7	26	1,154		LPN's			98.60	
Race Unknown		1	0	) (	)	0	1		Certified Aide			566.11	
Total		1,098	C	) 4		26	1,165		Other Health			39.13	
									Non-Health S	taff	4	49.98	
		Nursing	Skilled		Shelt	ered			Totals		13	45.94	
ETHNICITY		Care	Under 2	22 ICF/D	D Ca	ire	Totals						
Hispanic		17	C	) (	)	0	17						
Non-Hispanic		1,081	C	) 41		26	1,148						
Ethnicity Unknown	า	0	C	) (	)	0	0						
Total		1,098	C	) 41		26	1,165						
				NET REVE	NUE BY P	AYOR S	OURCE (I	Fiscal Ye	ar Data)				
										Charity	Charit	ty Care	
Medicare	N	1edicaid	Other F	Public Pr	vate Insur	ance	Private I	Pay	TOTALS	Care	Expense	as % of	
30.3%		29.3%		9.4%	(	0.8%	30	0.2%	100.0%	Expense*	Total Ne	t Revenue	
26,330,266	;	25,513,679	8,140	),292	710,	263	26,282,	694	86,977,194	22,557		0.0%	
*Charity Expense d	loes not inc	rlude expens	es which	may he cor	sidered a	commun	ity henefit						

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC PL	ANNING ARE	McDonough	
HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	0	DIAGNOSIS	
TOTAL FACILITIES	5	Chronic Alcoholism	0	Neoplasms	4
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	16
FREE STANDING FACILITIES	5	Drug Addiction	0	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	21
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	23
NURSING CARE BEDS ONLY	5	Mental Illness	1	Mental Illness	53
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	4
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	46
		Public Aid Recipient	0	Respiratory System	16
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	4
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	14
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	4	Skin Disorders	1
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	56
FOR PROFIT OWNERSHIP	3	Other Restrictions	3	Injuries and Poisonings	6

0

**Total Residents Diagnosed with Mental Illness** 

Other Medical Conditions

Non-Medical Conditions

TOTALS

34

302

119

2

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

1

1

7

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	DEDO	SE1-0P	USED	3E1-0P	IN USE	DEDO	CERTIFIED	CERTIFIED	Residents on 1/1/2013	311
Nursing Care	360	357	328	357	302	58	200	360		_
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	567
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	576
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	302
TOTAL BEDS	360	357	328	357	302	58	200	360	_	

### FACILITY UTILIZATION - 2014

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,134	13.8%	60,766	46.1%	0	1,848	38,869	7	111,624	84.7%	85.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,134	13.8%	60,766	46.1%	0	1,848	38,869	7	111,624	84.7%	85.4%

RESIDENTS BY AGE GROUP. SEX AND LEVEL OF CARE - DECEMBER 31. 2014
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	NURSING CARE		SKL UNDER 22		INTER	INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	4	0	0	0	0	0	0	1	4	5
45 to 59	9	7	0	0	0	0	0	0	9	7	16
60 to 64	3	9	0	0	0	0	0	0	3	9	12
65 to 74	16	22	0	0	0	0	0	0	16	22	38
75 to 84	21	52	0	0	0	0	0	0	21	52	73
85+	34	124	0	0	0	0	0	0	34	124	158
TOTALS	84	218	0	0	0	0	0	0	84	218	302

LEVEL			Other		Private	Charity			ILY PAYMENT	
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	30	162	0	9	101	0	302	Nursing Care	163	151
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	30	162	0	9	101	0	302			
	RESIDEN	ITS BY RAC	IAL/ETHN	IICITY GRO	UPING			STA	FFING	
		Nursing	Skilled		Shelter			<b>EMPLOYMENT</b>	FULL	
RACE		Care	Under 22	! ICF/DI	) Care	e T	otals	CATEGORY	EQUIV	ALENT
Asian		0	0	0		0	0	Administrators		6.00
American Indian		0	0	0		0	0	Physicians		0.00
Black		6	0	0		0	6	Director of Nursing		5.00
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses		33.20
White		296	0	0		0	296	LPN's		38.40
Race Unknown		0	0	0		0	0	Certified Aides		125.00
Total		302	0	0		0	302	Other Health Staff		15.00
								Non-Health Staff		111.00
		Nursing	Skilled		Shelte	red		Totals		333.60
ETHNICITY		Care	Under 22	2 ICF/DI	O Car	e T	Totals			
Hispanic		1	0	0		0	1			
Non-Hispanic		301	0	0		0	301			
Ethnicity Unknown	n	0	0	0		0	0			
Total		302	0	0		0	302			
			ı	NET REVE	NUE BY PA	YOR SO	URCE (Fiscal Y	ear Data)		
								Cha	rity Char	ity Care
Medicare	M	ledicaid	Other P	ublic Priv	vate Insura	nce	Private Pay	TOTALS Ca	re Expens	e as % of

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
23.5%	41.1%	0.0%	4.4%	31.0%	100.0%	Expense*	Total Net Revenue	
4,730,422	8,263,175	0	885,403	6,237,544	20,116,544	5,569	0.0%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SI	JMMARY-CALE	NDAR YEAR 2014	LTC PLANNING AREA	Marshall/Stark
HEALTH SERVICE AREA	002	ADMISSION REST	RICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	SSION RESTRICTIONS RESIDENTS BY I			
		Aggressive/Anti-Social	2	DIAGNOSIS		
TOTAL FACILITIES	4	Chronic Alcoholism	0	Neoplasms	8	
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	24	
FREE STANDING FACILITIES	4	Drug Addiction	0	Blood Disorders	1	
		Medicaid Recipient	0	Nervous System Non Alzheimer	22	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	77	
NURSING CARE BEDS ONLY	4	Mental Illness	2	Mental Illness	31	
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	58	
		Public Aid Recipient	0	Respiratory System	17	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	5	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	4	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	4	
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	21	
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	9	
		No Restrictions	0	Other Medical Conditions	15	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	298	
Reported Identified Offenders	9	Total Residents	Diagnosed	with Mental Illness	36	

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

**TOTALS** 

10,789

9.8%

56,193

48.9%

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	427	419	330	419	298	129	302	314	Residents on 1/1/2013	312
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	452
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	466
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	298
TOTAL BEDS	427	419	330	419	298	129	302	314	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	care	Medic	aid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days (	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,789	9.8%	56,193	48.9%	442	13,811	22,065	985	104,285	66.7%	68.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%

442

13,811

22,065

985

104,285

66.7%

68.0%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	LTERED	TO	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	2	3	0	0	0	0	0	0	2	3	5		
45 to 59	21	18	0	0	0	0	0	0	21	18	39		
60 to 64	11	11	0	0	0	0	0	0	11	11	22		
65 to 74	24	27	0	0	0	0	0	0	24	27	51		
75 to 84	27	48	0	0	0	0	0	0	27	48	75		
85+	27	79	0	0	0	0	0	0	27	79	106		
TOTALS	112	186	0	0	0	0	0	0	112	186	298		

LTC PLANNING AREA

	DENTS B	Y PAYMENT		E AND LEV	EL OF CA							
LEVEL			Other		Private	Chari	-			AGE DAILY PA		
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	e TOTA	ALS	LEVEL OF	CARE	SINGLE [	OUBLE
Nursing Care	30	171	4	6	87	0	2	298	Nursing C	are	199	174
Skilled Under 22	0	0	0	0	0	0		0	Skilled Un	der 22	0	0
ICF/DD		0	0	0	0	0		0	Intermedia	ate DD	0	0
Sheltered Care			0	0	0	0		0	Shelter		0	0
TOTALS	30	171	4	6	87	0	2	298				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	DUPING					STAFFING		
		Nursing	Skilled		Shelte				EMPLOY		FULL-TI	
RACE		Care	Under 22	2 ICF/D	D Car	e	Totals		CATEG	ORY	EQUIVAL	ENT
Asian		0	0	(	)	0	0		Administrato	ors	4	1.00
American Indian		0	0	(	)	0	0		Physicians	Physicians		1.00
Black		5	0	(	)	0	5		Director of N	Director of Nursing		1.00
Hawaiian/Pacific I	sl.	1	0	(	)	0	1		Registered I	Nurses	35.00	
White		292	0	(	)	0	292		LPN's		30.00	
Race Unknown		0	0	(	)	0	0	_	Certified Aid		123.00	
Total		298	0	(	)	0	298		Other Health		59.0	
									Non-Health	Staff	90	0.00
		Nursing	Skilled		Shelte	ered			Totals		346	6.00
ETHNICITY		Care	Under 2	2 ICF/D	D Ca	re	Totals					
Hispanic		5	0	(	)	0	5	_				
Non-Hispanic		293	0	(	)	0	293					
Ethnicity Unknown	า	0	0	C	)	0	0					
Total		298	0	C	)	0	298	_				
				NET REVE	NUE BY P	AYOR S	SOURCE	(Fiscal Year	r Data)			
										Charity	Charity	Care
Medicare	N	Medicaid	Other P	ublic Pr	vate Insura	ance	Private	e Pay	TOTALS	Care	Expense a	s % of
22.8%		34.9%		0.4%	7	.4%	3	34.5%	100.0%	Expense*	Total Net F	Revenue
4,088,163		6,243,633	67	,466	1,332,6	395	6,178	8,243	17,910,200	208,345	1.	2%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014	TC PLANNING AREA	Peoria	
HEALTH SERVICE AREA	002	ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	6	DIAGNOSIS	
TOTAL FACILITIES	20	Chronic Alcoholism	7	Neoplasms	17
HOSPITAL BASED UNITS	1	Developmentally Disabled	7	Endocrine/Metabolic	72
FREE STANDING FACILITIES	19	Drug Addiction	10	Blood Disorders	9
		Medicaid Recipient	2	Nervous System Non Alzheimer	72
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	149
NURSING CARE BEDS ONLY	14	Mental Illness	7	Mental Illness	305
DD CARE BEDS ONLY	4	Non-Ambulatory	1	Developmental Disability	22
MULTI-LICENSED FACILITIES	2	Non-Mobile	5	Circulatory System	201
		Public Aid Recipient	4	Respiratory System	109
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	26
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	56
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	19	Skin Disorders	8
NON-PROFIT OWNERSHIP	10	Infectious Disease w/ Isolation	7	Musculo-skeletal Disorders	124
FOR PROFIT OWNERSHIP	9	Other Restrictions	2	Injuries and Poisonings	96
		No Restrictions	0	Other Medical Conditions	167
CONTINUING CARE COMMUNITY	3			Non-Medical Conditions	0

TOTALS

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

112

LIFE CARE FACILITY

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AN DISCHARGES - 20	_
									Residents on 1/1/2013	1,463
Nursing Care	1,731	1,703	1,543	1,700	1,414	317	781	1232	Total Admissions 2013	2.912
Skilled Under 22	0	0	0	0	0	0		0		, -
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2013	2,943
Sheltered Care	6	6	4	6	3	3			Residents on 12/31/2013	1,432
TOTAL BEDS	1,753	1,725	1,563	1,722	1,433	320	781	1248		

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	48,184	16.9%	321,251	71.2%	3,824	16,308	123,678	4,029	517,274	81.6%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,840	99.7%	0	998	0	0	6,838	116.8%	116.8%
Sheltered Care					0	0	703	0	703	32.0%	32.0%
TOTALS	48,184	16.9%	327,091	71.6%	3,824	17,306	124,381	4,029	524,815	81.8%	83.1%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DEC	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	63	50	0	0	5	1	0	0	68	51	119
45 to 59	149	101	0	0	5	2	0	0	154	103	257
60 to 64	55	46	0	0	2	1	0	0	57	47	104
65 to 74	82	94	0	0	0	0	1	0	83	94	177
75 to 84	83	177	0	0	0	0	0	1	83	178	261
85+	94	420	0	0	0	0	0	1	94	421	515
TOTALS	526	888	0	0	12	4	1	2	539	894	1,433

1,433

458

_	IDENTS B	Y PAYMENT		E AND LE							
LEVEL			Other		Private	Charit	,		ERAGE DAILY PA		_
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL	OF CARE	SINGLE [	OOUBLE
Nursing Care	122	894	7	59	322	10	1,414	Nursin	ng Care	269	185
Skilled Under 22	0	0	0	0	0	0	0	Skilled	d Under 22	0	0
ICF/DD		16	0	0	0	0	16	Interm	ediate DD	184	184
Sheltered Care			0	0	3	0	3	Shelte	er	102	108
TOTALS	122	910	7	59	325	10	1,433				
	RESIDEI	NTS BY RAC	IAL/ETHN	IICITY GR	OUPING				STAFFING	;	
		Nursing	Skilled		Shelte				OYMENT	FULL-TII	
RACE		Care	Under 22	! ICF/D	D Ca	re	Totals	CAT	EGORY	EQUIVAL	ENT
Asian		6	0		0	0	6	Administ	Administrators		3.00
American Indian		1	0		0	0	1	Physicia	Physicians		1.00
Black		164	0		0	0	164	Director	Director of Nursing		6.00
Hawaiian/Pacific I	lsl.	0	0		0	0	0	Register	ed Nurses	130.80	
White		1,240	0	1	6	3	1,259	LPN's		163.70	
Race Unknown		3	0		0	0	3	Certified		542.00	
Total		1,414	0	1	6	3	1,433		ealth Staff	72.	
								Non-Hea	alth Staff	509	9.00
		Nursing	Skilled		Shelt	ered		Totals		1453	3.00
ETHNICITY		Care	Under 22	2 ICF/E	D Ca	ire	Totals				
Hispanic		9	0		1	0	10				
Non-Hispanic		1,404	0	1	1	3	1,418				
Ethnicity Unknow	n	1	0	4	1	0	5				
Total		1,414	0	10	6	3	1,433				
			ı	NET REVE	NUE BY P	AYOR S	OURCE (Fis	scal Year Data)			
									Charity	Charity	Care
Medicare	ľ	Medicaid	Other P	ublic Pr	ivate Insur	ance	Private Pag	y TOTALS	Care	Expense a	s % of
22.9%		38.3%	(	0.5%	6	5.1%	32.2	% 100.0%	6 Expense*	Total Net F	Revenue
23,946,998		40,063,104	498,	042	6,364,	115	33,689,15	2 104,561,41	11 654,460	0.	6%

ILLINOIS LONG-TERM CARE DATA SU	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING AREA	A Tazewell	
HEALTH SERVICE AREA	002	ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	9	DIAGNOSIS	
TOTAL FACILITIES	18	Chronic Alcoholism	9	Neoplasms	24
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	26
FREE STANDING FACILITIES	18	Drug Addiction	11	Blood Disorders	8
		Medicaid Recipient	1	Nervous System Non Alzheimer	71
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	113
NURSING CARE BEDS ONLY	10	Mental Illness	2	Mental Illness	54
DD CARE BEDS ONLY	7	Non-Ambulatory	2	Developmental Disability	158
MULTI-LICENSED FACILITIES	1	Non-Mobile	3	Circulatory System	159
		Public Aid Recipient	2	Respiratory System	80
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	18
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	49
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	18	Skin Disorders	19
NON-PROFIT OWNERSHIP	9	Infectious Disease w/ Isolation	7	Musculo-skeletal Disorders	109
FOR PROFIT OWNERSHIP	9	Other Restrictions	2	Injuries and Poisonings	52
		No Restrictions	0	Other Medical Conditions	176
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	3
LIFE CARE FACILITY	1			TOTALS	1,119

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

15

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0040	4.400
Nursing Care	1,256	1,228	1,047	1,226	955	301	924	902	Residents on 1/1/2013	1,106
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	2,100
Intermediate DD	170	166	161	150	156	14		170	Total Discharges 2013	2,086
Sheltered Care	12	12	10	12	8	4			Residents on 12/31/2013	1,120
TOTAL BEDS	1.438	1.406	1.218	1.388	1.119	319	924	1072	<del>-</del>	

**Total Residents Diagnosed with Mental Illness** 

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	50,879	15.0%	161,409	48.9%	6,577	13,587	113,731	957	347,140	75.5%	77.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			53,812	86.5%	0	0	0	0	53,812	86.5%	88.6%
Sheltered Care					0	0	3,052	0	3,052	69.5%	69.5%
TOTALS	50,879	15.0%	215,221	54.9%	6,577	13,587	116,783	957	404,004	76.8%	78.5%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	_TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	37	38	0	0	39	41	80
45 to 59	31	26	0	0	24	27	0	0	55	53	108
60 to 64	26	17	0	0	1	9	0	0	27	26	53
65 to 74	44	71	0	0	3	14	0	0	47	85	132
75 to 84	87	169	0	0	1	2	1	2	89	173	262
85+	116	363	0	0	0	0	2	3	118	366	484
TOTALS	306	649	0	0	66	90	3	5	375	744	1,119

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LEVEL			Other		Private	Charit	V		AVERA	GE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	,	3	LEVEL OF (	_		DOUBLE
Nursing Care	138	434	28	51	299	5	955		Nursing Ca	are	219	179
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	der 22	0	0
ICF/DD		156	0	0	0	0	156		Intermedia	te DD	140	131
Sheltered Care			0	0	8	0	8	_	Shelter		177	158
TOTALS	138	590	28	51	307	5	1,119					
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	DUPING					STAFFING		
		Nursing		Skilled		Sheltered			EMPLOYMENT		FULL-TIME	
RACE		Care	Under 22	2 ICF/D	D Car	e	Totals		CATEGO	DRY	EQUIVAL	ENT
Asian		1	0	(	)	0	1		Administrators		15.75	
American Indian		1	0	3	3	0 4			Physicians		0.00	
Black		29	0	6	6	0	35		Director of Nursing		12.50	
Hawaiian/Pacific Is	sl.	1	0	(	)	0	1		Registered Nurses		115.76	
White		923	0	147	7	8	1,078		LPN's		126.69	
Race Unknown		0	0	(	)	0	0		Certified Aides		525.41	
Total		955	0	156	6	8			Other Health Staff		100.14	
								_	Non-Health S	Staff	32	4.54
		Nursing	Skilled		Shelte	ered			Totals		122	0.79
ETHNICITY		Care	Under 2	2 ICF/D	D Ca	re	Totals					
Hispanic		2	0	14	ļ	0	16					
Non-Hispanic		953	0	142	<u>!</u>	8	1,103					
Ethnicity Unknown	1	0	0	C	)	0	0					
Total		955	0	156	;	8	1,119					
				NET REVE	NUE BY P	AYOR S	OURCE (Fi	iscal Year Da	ta)			
										Charity	Charity	Care
Medicare	N	Medicaid Other Public Private Insurance		Private Pa	ay	TOTALS	Care	Expense a	as % of			
26.2%		33.9%		1.2%	5	.9%	32.8	8%	100.0%	Expense* Total Net Re		Revenue
21,505,626		27,797,835	954	,891	4,837,6	660	26,878,22	23 8	31,974,235	409,860	0	.5%

ILLINOIS LONG-TERM CARE DATA SU	IMMARY-CA	LENDAR YEAR 2014 L	TC PLANNING ARE	A Woodford		
HEALTH SERVICE AREA	002	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	4	DIAGNOSIS		
TOTAL FACILITIES	7	Chronic Alcoholism	3	Neoplasms	3	
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	21	
FREE STANDING FACILITIES	7	Drug Addiction	3	Blood Disorders	2	
		Medicaid Recipient	0	Nervous System Non Alzheimer	25	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	135	
NURSING CARE BEDS ONLY	4	Mental Illness	3	Mental Illness	114	
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2	
MULTI-LICENSED FACILITIES	3	Non-Mobile	0	Circulatory System	97	
		Public Aid Recipient	0	Respiratory System	22	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	8	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	6	

# CONTINUING CARE COMMUNITY 3 LIFE CARE FACILITY 2

**GOVERNMENTAL OWNERSHIP** 

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**Reported Identified Offenders** 

1	Injuries and Poisonings	14
1	Other Medical Conditions	19
	Non-Medical Conditions	0
	TOTALS	543

Skin Disorders

Musculo-skeletal Disorders

4

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Ventilator Dependent

Other Restrictions
No Restrictions

Infectious Disease w/ Isolation

0

4

3

10

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	4
									Residents on 1/1/2013	554
Nursing Care	590	590	559	590	513	77	438	590	Total Admissions 2013	560
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	571
Sheltered Care	55	54	49	54	30	25			Residents on 12/31/2013	543
TOTAL BEDS	645	644	608	644	543	102	438	590		

# FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Med	licaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,455	8.4%	96,759	44.8%	1,220	903	75,591	273	188,201	87.2%	87.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	10,677	34	10,711	53.2%	54.2%
TOTALS	13,455	8.4%	96,759	44.8%	1,220	903	86,268	307	198,912	84.3%	84.4%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	LTERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	6	0	0	0	0	0	0	13	6	19
45 to 59	28	27	0	0	0	0	0	0	28	27	55
60 to 64	13	9	0	0	0	0	0	1	13	10	23
65 to 74	23	19	0	0	0	0	0	1	23	20	43
75 to 84	36	61	0	0	0	0	1	4	37	65	102
85+	60	218	0	0	0	0	9	14	69	232	301
TOTALS	173	340	0	0	0	0	10	20	183	360	543

4

71

141

5,440,427

10,042,622

180,039

\*Charity Expense does not include expenses which may be considered a community benefit.

RES LEVEL	IDENTS B	Y PAYMENT	Other	AND LEVE	L OF CAR Private			AVERAGE DAILY P	AV845NT :	DATES	
OF CARE	Medicare	Medicaid		nsurance	Private	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE	
Nursing Care	34	245	7	7	220	0	513	Nursing Care	217	195	
-		_	-		-	-		Skilled Under 22			
Skilled Under 22 ICF/DD	0	0	0 0	0	0	0	0	Intermediate DD	0	0	
Sheltered Care		0	0	0	0 29	0	0 30	Shelter	0 124	0 101	
				0		1		Sneiter	124	101	
TOTALS	34	245	7	7	249	1	543				
	RESIDEN	ITS BY RAC	IAL/ETHNI	CITY GROU	JPING			STAFFING	i		
		Nursing	Skilled		Shelter			EMPLOYMENT	FULL-		
RACE		Care	Under 22	ICF/DD	Care	•	Totals	CATEGORY	EQUIV	ALENT	
Asian		0	0	0		0	0	Administrators		8.00	
American Indian		0	0	0		0	0	Physicians		0.00	
Black		10	0	0		0	10	Director of Nursing		7.00	
Hawaiian/Pacific I	sl.	0	0	0		1	1	Registered Nurses		57.66	
White		503	0	0	2	9	532	LPN's		36.55	
Race Unknown		0	0	0		0	0	Certified Aides	2	212.00	
Total		513	0	0	2	9	543	Other Health Staff		75.00	
								Non-Health Staff		184.22	
		Nursing	Skilled		Shelte	red		Totals	į	580.43	
ETHNICITY		Care	Under 22	ICF/DD	Care	Э	Totals				
Hispanic		0	0	0		0	0				
Non-Hispanic		446	0	0	1	2	458				
Ethnicity Unknown	n	67	0	0	1	8	85				
Total		513	0	0	3	0	543				
			N	ET REVEN	JE BY PA	YOR SO	OURCE (Fisca	l Year Data)			
							-	Charity	Chari	ty Care	
Medicare	N.	1edicaid	Other Pu	hlic Privs	ate Insurai	nce	Private Pay	TOTALS Care		e as % of	
17.1%	IV	31.6%		.6%		3%	49.5%	100.0% Expense*	•	et Revenue	

401,831

15,721,942

31,786,861

72,785

0.2%

ILLINOIS LONG-TERM CARE DATAS	SUMMARY-CA	LENDAR YEAR 2014 L	TC PLANNING ARE	A Adams	
HEALTH SERVICE AREA	003	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	7	DIAGNOSIS	
TOTAL FACILITIES	11	Chronic Alcoholism	5	Neoplasms	15
HOSPITAL BASED UNITS	1	Developmentally Disabled	6	Endocrine/Metabolic	82
FREE STANDING FACILITIES	10	Drug Addiction	7	Blood Disorders	2
		Medicaid Recipient	1	Nervous System Non Alzheimer	82
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	100

FREE STANDING FACILITIES 10 Drug Addiction 7 Blood Disc	
THEE STATES THE PRODUCTION TO BIGG MAINTING TO BIGG MAINT	orders 2
Medicaid Recipient 1 Nervous S	system Non Alzheimer 82
FACILITIES LICENSED FOR: Medicare Recipient 2 Alzheime	er Disease 100
NURSING CARE BEDS ONLY 8 Mental Illness 5 Mental Illn	ess 162
DD CARE BEDS ONLY 2 Non-Ambulatory 0 Development	ental Disability 37
MULTI-LICENSED FACILITIES 1 Non-Mobile 0 Circulatory	System 251
Public Aid Recipient 0 Respirator	y System 55
FACILITIES REPORTED BY Under 65 Years Old 0 Digestive S	System 12
OWNERSHIP TYPE Unable to Self-Medicate 0 Genitourin	ary System Disorders 27
GOVERNMENTAL OWNERSHIP 1 Ventilator Dependent 8 Skin Disor	ders 6
NON-PROFIT OWNERSHIP 7 Infectious Disease w/ Isolation 2 Musculo-s	keletal Disorders 73
FOR PROFIT OWNERSHIP 3 Other Restrictions 0 Injuries an	d Poisonings 13
No Restrictions 1 Other Med	lical Conditions 114
CONTINUING CARE COMMUNITY 1 Non-Medic	cal Conditions 1
LIFE CARE FACILITY 0 TOTALS	1,032
Reported Identified Offenders 8 Total Residents Diagnosed with Mental	Illness 341

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanta an 4/4/0040	4.050
Nursing Care	1,495	1,458	1,081	1,452	985	510	557	838	Residents on 1/1/2013	1,053
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,284
Intermediate DD	32	32	30	32	30	2		32	Total Discharges 2013	1,305
Sheltered Care	28	26	26	26	17	11			Residents on 12/31/2013	1,032
TOTAL BEDS	1,555	1,516	1,137	1,510	1,032	523	557	870	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	28,926	14.2%	122,509	39.9%	7,396	4,828	204,141	681	368,481	67.3%	69.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			10,875	92.9%	0	0	0	0	10,875	92.9%	92.9%
Sheltered Care					0	0	8,102	128	8,230	80.3%	86.5%
TOTALS	28,926	14.2%	133,384	41.9%	7,396	4,828	212,243	809	387,586	68.1%	69.9%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECE	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	NDER 22	INTER	MED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	7	4	0	0	8	6	14
45 to 59	15	8	0	0	3	6	0	0	18	14	32
60 to 64	26	13	0	0	2	2	0	0	28	15	43
65 to 74	52	44	0	0	3	1	0	2	55	47	102
75 to 84	166	131	0	0	1	1	2	4	169	136	305
85+	206	321	0	0	0	0	1	8	207	329	536
TOTALS	466	519	0	0	16	14	3	14	485	547	1,032

RESI	IDENTS B	Y PAYMENT	SOURC	E AND LEVI	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT I	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	75	329	1	26	551	3	985	Nursing Care	277	256
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		30	0	0	0	0	30	Intermediate DD	0	117
Sheltered Care			0	0	16	1	17	Shelter	97	78
TOTALS	75	359	1	26	567	4	1,032			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFFI	NG	
		Nursing	Skilled		Shelte			EMPLOYMENT	FULL-	
RACE		Care	Under 2	2 ICF/DE	) Car	e '	Totals	CATEGORY	EQUIV	ALENT
Asian		0	0	0		0	0	Administrators		10.50
American Indian		0	0	0		0	0	Physicians		2.00
Black		24	0	2		0	26	Director of Nursing		10.00
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses	•	151.11
White		959	0	28	1	17	1,004	LPN's	•	157.77
Race Unknown		2	0	0		0	2	Certified Aides	Ę	521.93
Total		985	C	30	,	17	1,032	Other Health Staff		54.64
							,	Non-Health Staff	Ę	549.70
		Nursing	Skilled		Shelte	ered		Totals	14	157.65
ETHNICITY		Care	Under 2				Totals			
Hispanic		1	C	) 0		0	1			

17

0

17

1,031

1,032

0

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
17.3%	25.4%	22.7%	3.1%	31.4%	100.0%	Expense*	Total Net Revenue	
11,656,840	17,114,753	15,288,134	2,069,743	21,158,874	67,288,344	2,409,612	3.6%	

 $<sup>^{\</sup>star}$ Charity Expense does not include expenses which may be considered a community benefit.

0

0

0

30

0

30

984

985

0

Non-Hispanic

Total

Ethnicity Unknown

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	1	Neoplasms	1
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	5
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	10
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	6
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	1
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	17
		Public Aid Recipient	0	Respiratory System	16
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	5
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	1	Skin Disorders	2
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6
FOR PROFIT OWNERSHIP	2	Other Restrictions	1	Injuries and Poisonings	7
		No Restrictions	0	Other Medical Conditions	11
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	24
LIFE CARE FACILITY	1			TOTALS	114
Reported Identified Offenders	1	Total Residents	Diagnosed	with Mental Illness	35

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	186	170	133	168	114	72	104	186	Residents on 1/1/2013	118
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	110
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013 Residents on 12/31/2013	114
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	114
TOTAL BEDS	186	170	133	168	114	72	104	186	<del>-</del>	

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF OARE		icare	Medic		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,572	9.4%	22,268	32.7%	0	0	17,810	0	43,650	64.1%	70.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,572	9.4%	22,268	32.7%	0	0	17,810	0	43,650	64.1%	70.2%

	NURSIN	IG CARE		INDER 22		RMED. DD		E <b>MBER 31, 20</b> LTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	10	24	0	0	0	0	0	0	10	24	34
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	31	83	0	0	0	0	0	0	31	83	114

LEVEL			Other		Private	Charity	/		AVERAC	SE DAILY PA	YMENT RA	ATES
OF CARE	Medicare	Medicaid		Insurance	Pay	Care	TOTALS	LE	VEL OF C			DOUBLE
Nursing Care	11	54	0	0	49	0	114	N	ursing Ca	re	188	148
Skilled Under 22	0	0	0	0	0	0	0	S	killed Und	er 22	0	0
ICF/DD		0	0	0	0	0	0	In	termediat	e DD	0	0
Sheltered Care			0	0	0	0	0	S	helter		0	0
TOTALS	11	54	0	0	49	0	114					
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING					STAFFING		
		Nursing	Skilled		Shelter				MPLOYM		FULL-TI	
RACE		Care	Under 22	ICF/DI	O Care	)	Totals		CATEGO	RY	EQUIVAL	ENT
Asian		0	0	C	) (	)	0	Adn	ninistrator	S		2.00
American Indian		0	0	C	(	)	0	Phy	sicians			0.00
Black		0	0	0	(	)	0	Dire	Director of Nursing		2.00	
Hawaiian/Pacific I	sl.	0	0	C	(	)	0	Reg	Registered Nurses		4.00	
White		114	0	C	(	)	114	LPN	l's		20.00	
Race Unknown		0	0	0	(	)	0		tified Aide	-	46.00	
Total		114	0	C	(	)	114	Oth	er Health	Staff		2.00
								Non	-Health S	taff	4	1.00
		Nursing	Skilled		Shelter	ed		Tota	als		11	7.00
ETHNICITY		Care	Under 22	2 ICF/D	D Care	•	Totals					
Hispanic		0	0	0		0	0					
Non-Hispanic		114	0	0		0	114					
Ethnicity Unknown	า	0	0	0		0	0					
Total		114	0	0	1	0	114					
			N	NET REVE	NUE BY PA	YOR S	OURCE (Fi	scal Year Data)				
										Charity	Charity	Care
Medicare	1	Medicaid	Other Po	ublic Pri	vate Insurar	nce	Private Pa	у ТОТ	ALS	Care	Expense a	as % of
22.9%		36.9%	C	0.0%	0.0	0%	40.2	% 10	0.0%	Expense*	Total Net	Revenue
1,735,628		2,794,497		0		0	3,043,64	6 7,5	73,771	0	0	.0%

0

0

0

5

1

**Total Residents Diagnosed with Mental Illness** 

Respiratory System

Genitourinary System Disorders

Musculo-skeletal Disorders

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

Digestive System

Skin Disorders

**TOTALS** 

12

3

7

2

20

7

18

0

255

34

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

1

4

0

0

0

**FACILITIES REPORTED BY** 

**GOVERNMENTAL OWNERSHIP** 

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

**OWNERSHIP TYPE** 

LIFE CARE FACILITY

Public Aid Recipient

Under 65 Years Old

Ventilator Dependent

Other Restrictions

No Restrictions

Unable to Self-Medicate

Infectious Disease w/ Isolation

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	ļ.
Nursing Care	337	337	267	337	239	98	337	337	Residents on 1/1/2013 Total Admissions 2013	269 352
Skilled Under 22 Intermediate DD	0 16	0 16	16	0 16	0 16	0 0		0 16	Total Discharges 2013	357
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	264
TOTAL BEDS	353	353	283	353	255	98	337	353		

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

			_	-	-						
					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Medi	caid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,998	8.9%	51,151	41.5%	189	851	26,158	0	89,347	72.4%	72.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,503	94.0%	0	0	0	0	5,503	94.0%	94.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,998	8.9%	56,654	43.9%	189	851	26,158	0	94,850	73.4%	73.4%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	JNDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	0	0	0	0	0	6	0	0	0	6	6		
45 to 59	4	4	0	0	0	3	0	0	4	7	11		
60 to 64	4	1	0	0	1	1	0	0	5	2	7		
65 to 74	7	16	0	0	0	4	0	0	7	20	27		
75 to 84	29	48	0	0	1	0	0	0	30	48	78		
85+	21	105	0	0	0	0	0	0	21	105	126		
TOTALS	65	174	0	0	2	14	0	0	67	188	255		

LEVEL	IDENTO B	Y PAYMENT	Other	AND LLV	Private	Charit	V		AVERAG	SE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid		Insurance	Pay	Care	•	_S	LEVEL OF C			DOUBLE
Nursing Care	28	127	5	3	76	0	239	9	Nursing Car	re	175	148
Skilled Under 22	0	0	0	0	0	0	(	0	Skilled Under	er 22	0	0
ICF/DD		16	0	0	0	0	16	6	Intermediate DD		0	119
Sheltered Care			0	0	0	0	(	0	Shelter		0	0
TOTALS	28	143	5	3	76	0	25	5				
	RESIDEN	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING					STAFFING		
		Nursing	Skilled		Shelte				EMPLOYM		FULL-TI	
RACE		Care	Under 22	! ICF/DI	) Car	е	Totals		CATEGO	RY	EQUIVAL	.ENT
Asian		1	0	0		0	1		Administrators			4.25
American Indian		0	0	0		0	0		Physicians			0.00
Black		0	0	0		0	0		Director of Nursing		4.00	
Hawaiian/Pacific I	sl.	0	0	0		0	0		Registered Nu	ırses	20.22	
White		238	0	16		0	254		LPN's		37.18	
Race Unknown		0	0	0		0	0		Certified Aides	=	131.58	
Total		239	0	16		0	255		Other Health S		24.	
									Non-Health St	aff	7-	4.92
		Nursing	Skilled		Shelte	red			Totals		29	6.36
ETHNICITY		Care	Under 22	2 ICF/DI	O Car	е	Totals					
Hispanic		0	0	0		0	0					
Non-Hispanic		238	0	16		0	254					
Ethnicity Unknow	n	1	0	0		0	1					
Total		239	0	16		0	255					
			ı	NET REVE	NUE BY PA	YOR S	OURCE (F	Fiscal Yea	ar Data)			
										Charity	Charity	Care
Medicare	N	/ledicaid	Other P	ublic Pri	ate Insura	nce	Private F	⊃ay	TOTALS	Care	Expense a	s % of
30.5%		40.4%	(	0.4%	2.	4%	26	6.4%	100.0%	Expense*	Total Net	Revenue
5,198,199		6,883,645	59,	780	401,0	34	4,510,0	027	17,052,685	0	0	.0%

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	0
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	3
FREE STANDING FACILITIES	3	Drug Addiction	2	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	5
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	5
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness	14
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	17
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	13
		Public Aid Recipient	0	Respiratory System	5
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	4
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	1
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	1
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	8
FOR PROFIT OWNERSHIP	2	Other Restrictions	0	Injuries and Poisonings	3
		No Restrictions	0	Other Medical Conditions	35
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	115
Reported Identified Offenders	0	Total Residents	Diagnosed	d with Mental Illness	37

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
									Residents on 1/1/2013	127
Nursing Care	150	137	124	133	99	51	150	150	Total Admissions 2013	155
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2013	167
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	115
TOTAL BEDS	166	153	140	149	115	51	150	166		

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Med Pat. days	icare Occ. Pct.	Medi Pat. days		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4,070	7.4%	21,313	38.8%	0	768	12,518	0	38,669	70.4%	77.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,838	99.7%	0	0	0	0	5,838	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4,070	7.4%	27,151	44.7%	0	768	12,518	0	44,507	73.3%	79.5%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	5	6	0	0	1	0	0	0	6	6	12
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	10	49	0	0	0	0	0	0	10	49	59
TOTALS	22	77	0	0	10	6	0	0	32	83	115

	IDENTS B	Y PAYMENT		E AND LEV	EL OF CA	RE								
LEVEL			Other		Private	Chari	,				E DAILY PA			
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	e TOT	ALS		LEVEL OF C	ARE	SINGLE	DOUBLE	
Nursing Care	5	62	0	3	29	0		99		Nursing Car	·e	200	170	
Skilled Under 22	0	0	0	0	0	0		0		Skilled Und	er 22	0	0	
ICF/DD		16	0	0	0	0		16		Intermediate	e DD	0	114	
Sheltered Care			0	0	0	0	1	0		Shelter		0	0	
TOTALS	5	78	0	3	3 29 0 115									
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GR	DUPING						STAFFING			
		Nursing	Skilled		Shelte					EMPLOYMENT		FULL-TIME		
RACE		Care	Under 22	l ICF/D	D Car	e	Totals			CATEGO	RY	EQUIVAL	LENT	
Asian		0	0	(	)	0	0	_		Administrators			3.25	
American Indian		0	0	(	)	0	0			Physicians		Physicians 0		0.00
Black		0	0	:	2	0	2			Director of Nu	rsing		2.00	
Hawaiian/Pacific I	sl.	0	0			0	1			Registered Nu	ed Nurses		8.25	
White		98	0	1;	3	0	111			LPN's		17.60 46.60		
Race Unknown		1	0	(	)	0	1	_		Certified Aides				
Total		99	0	10	3	0	115			Other Health S			3.00	
									_	Non-Health St	aff	2	2.50	
		Nursing	Skilled		Shelte	ered				Totals		11	3.20	
ETHNICITY		Care	Under 22	2 ICF/D	D Cai	re	Totals							
Hispanic		1	0	(	)	0	1	_						
Non-Hispanic		59	0	16	6	0	75							
Ethnicity Unknown	า	39	0	(	)	0	39							
Total		99	0	16	)	0	115	_						
			ı	NET REVE	NUE BY P	AYOR S	SOURCE	(Fiscal Ye	ear Da	ta)				
											Charity	Charity	Care	
Medicare	ľ	Medicaid	Other P	ublic Pr	ivate Insura	ance	Private	e Pay		TOTALS	Care	Expense a	as % of	
27.6%		34.8%	(	0.2%	1	.6%	;	35.9%		100.0%	Expense*	Total Net	Revenue	
2,256,802		2,851,544	12,	839	130,0	000	2,93	7,678		8,188,863	0	0	.0%	

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING ARE	A Christian	Christian	
HEALTH SERVICE AREA	003	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGI	NOSIS	
		Aggressive/Anti-Social	3	DIAGNOSIS		
TOTAL FACILITIES	8	Chronic Alcoholism	2	Neoplasms	5	
HOSPITAL BASED UNITS	1	Developmentally Disabled	1	Endocrine/Metabolic	28	
FREE STANDING FACILITIES	7	Drug Addiction	5	Blood Disorders	5	
		Medicaid Recipient	0	Nervous System Non Alzheimer	13	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	20	
NURSING CARE BEDS ONLY	5	Mental Illness	1	Mental Illness	39	
DD CARE BEDS ONLY	3	Non-Ambulatory	1	Developmental Disability	48	
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	63	
		Public Aid Recipient	1	Respiratory System	45	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	9	
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	9	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	7	Skin Disorders	0	
NON-PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	18	
FOR PROFIT OWNERSHIP	4	Other Restrictions	1	Injuries and Poisonings	11	

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

30

343

77

0

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

1

5

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	ŀ
Nursing Care Skilled Under 22	472 0	429 0	333	429 0	301	171 0	348	450 0	Residents on 1/1/2013 Total Admissions 2013 Total Discharges 2013	351 560 566
Intermediate DD Sheltered Care	48 0	48 0	45 0	48 0	42 0	6 0		48	Residents on 12/31/2013	345
TOTAL BEDS	520	477	378	477	343	177	348	498		

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,607	11.5%	61,841	37.5%	471	1,220	27,239	0	105,378	61.0%	67.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			16,138	91.9%	0	0	0	0	16,138	91.9%	91.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14,607	11.5%	77,979	42.8%	471	1,220	27,239	0	121,516	63.8%	69.6%

									- , -			
	NURSING CARE		SKL UNDER 22		INTER	RMED. DD	SHEI	_TERED	T	OTAL	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	1	1	0	0	10	7	0	0	11	8	19	
45 to 59	2	3	0	0	9	10	0	0	11	13	24	
60 to 64	8	5	0	0	0	0	0	0	8	5	13	
65 to 74	12	25	0	0	3	2	0	0	15	27	42	
75 to 84	20	62	0	0	0	1	0	0	20	63	83	
85+	36	126	0	0	0	0	0	0	36	126	162	
TOTALS	79	222	0	0	22	20	0	0	101	242	343	

LEVEL			Other		Private	Charity		AVERAGE DAILY P	AYMENT R	RATES
	Medicare	Medicaid		nsurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	41	179	3	8	70	0	301	Nursing Care	190	165
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		42	0	0	0	0	42	Intermediate DD	118	119
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	41	221	3	8	70	70 0 343				
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING			STAFFING	3	
		Nursing	Skilled		Shelter			EMPLOYMENT	FULL-TIME	
RACE		Care	Under 22	ICF/DD	Care	•	Totals	CATEGORY	EQUIVA	ALENT
Asian		0	0	0	(	)	0	Administrators	5.66	
American Indian		0	0	0	(	0 0		Physicians	0.00	
Black		1	0	3	3 0 4		4	Director of Nursing		5.00
Hawaiian/Pacific Is	sl.	0	0	0	0 0		0	Registered Nurses		16.20
White		300	0	39	(	)	339	LPN's		53.26
Race Unknown		0	0	0	(	)	0	Certified Aides	1	60.25
Total		301	0	42	(	)	343	Other Health Staff		29.80
								Non-Health Staff	1	36.32
		Nursing	Skilled		Shelter	ed		Totals	4	06.49
ETHNICITY		Care	Under 22	ICF/DE	) Care	9	Totals			
Hispanic		0	0	1		0	1			
Non-Hispanic		301	0	41		0	342			
Ethnicity Unknown	1	0	0	0		0	0			
Total		301	0	42		0	343			
			N	IET REVEN	IUE BY PA	YOR SO	OURCE (Fisca	al Year Data)		
								Charity	Charit	y Care
Medicare	ľ	Medicaid	Other Pu	ıblic Priv	ate Insurar	nce	Private Pay	TOTALS Care	Expense	as % of
26.4%		49.1%	0	.6%	3.7	7%	20.1%	100.0% Expense*	Total Ne	t Revenue
7,343,188		13,677,592	177,1	181	1,036,5	51	5,610,499	27,845,011 5,279		0.0%

ILLINOIS LONG-TERM CARE DATA SU	JMMARY-CA	LENDAR YEAR 2014	TC PLANNING AREA	<b>A</b> Greene	
HEALTH SERVICE AREA	003	ADMISSION RESTRICTION Aggressive/Anti-Social	<b>NS</b> 0	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS
TOTAL FACILITIES	1	Chronic Alcoholism	0	Neoplasms	0
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	6
FREE STANDING FACILITIES	1	Drug Addiction	1	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	6
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	20
NURSING CARE BEDS ONLY	1	Mental Illness	0	Mental Illness	11
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	5
MULTILLICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	22

MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	22	
		Public Aid Recipient	0	Respiratory System	7	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	1	Skin Disorders	0	
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	12	
FOR PROFIT OWNERSHIP	1	Other Restrictions	0	Injuries and Poisonings	8	
		No Restrictions	0	Other Medical Conditions	2	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	4	
LIFE CARE FACILITY	0			TOTALS	106	

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	119	119	113	119	106	13	119	119	Residents on 1/1/2013	94
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	111
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	99
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	106
TOTAL BEDS	119	119	113	119	106	13	119	119	-	

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medi Pat. days	icare Occ. Pct.	Medio		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4,494	10.3%	27,630	63.4%	339	251	5,391	0	38,105	87.5%	87.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4,494	10.3%	27,630	63.4%	339	251	5,391	0	38,105	87.5%	87.5%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECI	EMBER 31, 20	14		
	NURSING CARE		SKL UNDER 22		INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	13	40	0	0	0	0	0	0	13	40	53
TOTALS	31	75	0	0	0	0	0	0	31	75	106

11

LEVEL			Other		Private	Charity	<i>'</i>	AVERAGE [	DAILY PAYMENT	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	e Pay	Care	TOTALS	S LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	13	77	0	1	15	0	106	Nursing Care	146	133
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	2 0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	13	77	0	1	15	0	106			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GF	OUPING			S	TAFFING	
		Nursing	Skilled		Shelt			EMPLOYMENT		-TIME
RACE		Care	Under 2	2 ICF/[	DD Ca	ire	Totals	CATEGORY	EQUIV	/ALENT
Asian		1	0		0	0	1	Administrators		1.00
American Indian		0	0		0	0	0	Physicians		0.00
Black		0	0		0	0	0	Director of Nursing	9	1.00
Hawaiian/Pacific	lsl.	0	0		0	0	0	Registered Nurses	3	5.99
White		105	0		0	0	105	LPN's		13.76
Race Unknown		0	0		0	0	0	Certified Aides		43.75
Total		106	0	)	0	0	106	Other Health Staff		11.25
								Non-Health Staff		22.85
		Nursing	Skilled		Shelt	ered		Totals		99.60
ETHNICITY		Care	Under 2	2 ICF/I	DD Ca	are	Totals			
Hispanic		0	0	)	0	0	0			
Non-Hispanic		106	0	)	0	0	106			
Ethnicity Unknow	n	0	0	)	0	0	0			
Total		106	0	)	0	0	106			
				NET REVI	ENUE BY F	AYOR S	OURCE (Fi	scal Year Data)		
							-	C	harity Cha	rity Care
Madiaara		Andinnid	Othor	oublia D	rivoto Inqui	0000	Drivoto Do		•	0.00 % of

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
31.1%	54.4%	1.4%	0.5%	12.6%	100.0%	Expense*	Total Net Revenue	
1,929,362	3,376,839	85,356	33,382	780,180	6,205,119	0	0.0%	

 $<sup>^{\</sup>star}$ Charity Expense does not include expenses which may be considered a community benefit.

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#### LTC PLANNING AREA

Hancock

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIO Aggressive/Anti-Social	_	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	1	
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	10	
FREE STANDING FACILITIES	3	Drug Addiction	1	Blood Disorders	0	
		Medicaid Recipient	0	Nervous System Non Alzheimer	17	
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	8	
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	0	
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	15	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	38	
		Public Aid Recipient	0	Respiratory System	5	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	5	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	2	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	0	
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	21	
FOR PROFIT OWNERSHIP	2	Other Restrictions	1	Injuries and Poisonings	3	
		No Restrictions	0	Other Medical Conditions	2	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	127	
Reported Identified Offenders	0	Total R	esidents Diagnosed v	vith Mental Illness	8	

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	ŀ
Nursing Care	184	135	117	135	112	72	184	184	Residents on 1/1/2013 Total Admissions 2013	127 202
Skilled Under 22 Intermediate DD	0 16	0 16	0 15	0 16	0 15	0 1		0 16	Total Discharges 2013	202
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	127
TOTAL BEDS	200	151	132	151	127	73	184	200		

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,372	5.0%	26,505	39.4%	259	642	9,802	0	40,580	60.3%	82.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,712	97.5%	0	0	0	0	5,712	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,372	5.0%	32,217	44.0%	259	642	9,802	0	46,292	63.2%	83.8%

# RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	LTERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	1	1	0	0	4	1	0	0	5	2	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	8	9	0	0	1	2	0	0	9	11	20
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	8	52	0	0	0	0	0	0	8	52	60
TOTALS	26	86	0	0	8	7	0	0	34	93	127

RESI	DENTS B	Y PAYMEN	SOURC	E AND LEVE	L OF CA	RE					
LEVEL			Other		Private	Charity	/		AVERAGE DAILY	PAYMENT R	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTAL	S	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	9	76	0	1	26	0	112	2	Nursing Care	162	149
Skilled Under 22	0	0	0	0	0	0	0	)	Skilled Under 22	0	0
ICF/DD		15	0	0	0	0	15	<u>;</u>	Intermediate DD	0	112
Sheltered Care			0	0	0	0	0	)	Shelter	0	0
TOTALS	9	91	0	1	26	0	127	,			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING				STAFFI	NG	
		Nursing	Skilled	0 IOE/DD	Shelte		Tatala		EMPLOYMENT	FULL-1	
RACE		Care	Under 2	2 ICF/DD	Car	e 	Totals		CATEGORY	EQUIVA	NLEIN I
Asian		0	0	0		0	0		Administrators		2.25
American Indian		0	0	0		0	0		Physicians		0.00
Black		0	0	0		0	0		Director of Nursing		2.00
Hawaiian/Pacific Is	sl.	0	0	0		0	0		Registered Nurses		10.75
White		112	0	15		0	127		LPN's		14.00
Race Unknown		0	0	0		0	0		Certified Aides		50.00
Total		112	0	) 15		0	127		Other Health Staff		4.50
									Non-Health Staff		45.50
		Nursing	Skilled		Shelte	red			Totals	1	29.00
ETHNICITY		Care	Under 2				Totals				
Hispanic		0	0	0		0	0				

# NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

0

0

127

127

0

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
22.2%	50.5%	0.5%	4.1%	22.8%	100.0%	Expense*	Total Net Revenue	
1,533,125	3,493,740	33,897	282,101	1,576,869	6,919,732	6,572	0.1%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

0

0

0

15

0

15

112

112

0

Non-Hispanic

Total

Ethnicity Unknown

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	4	Chronic Alcoholism	2	Neoplasms	1
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	5
FREE STANDING FACILITIES	4	Drug Addiction	2	Blood Disorders	3
		Medicaid Recipient	0	Nervous System Non Alzheimer	10
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	52
NURSING CARE BEDS ONLY	3	Mental Illness	0	Mental Illness	4
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	17
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	70
		Public Aid Recipient	0	Respiratory System	24
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	10
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	8
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	4	Skin Disorders	7
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	18
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	32
		No Restrictions	0	Other Medical Conditions	28
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	1			TOTALS	289
Reported Identified Offenders	2	Total Residents	Diagnosed	I with Mental Illness	48

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/0042	074
Nursing Care	369	369	295	369	273	96	369	369	Residents on 1/1/2013	274
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	360
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2013	345
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	289
TOTAL BEDS	385	385	311	385	289	96	369	385		

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,365	7.7%	40,404	29.9%	623	1,383	24,455	0	77,230	57.2%	57.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,700	97.3%	0	0	0	0	5,700	97.3%	97.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,365	7.7%	46,104	32.7%	623	1,383	24,455	0	82,930	58.9%	58.9%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		T	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	4	2	0	0	5	2	7
45 to 59	3	4	0	0	5	4	0	0	8	8	16
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	15	17	0	0	1	0	0	0	16	17	33
75 to 84	28	62	0	0	0	0	0	0	28	62	90
85+	27	109	0	0	0	0	0	0	27	109	136
TOTALS	75	198	0	0	10	6	0	0	85	204	289

37.5%

7,543,208

0.6%

119,469

\*Charity Expense does not include expenses which may be considered a community benefit.

35.2%

7,082,216

LEVEL			Other		Private	Charity		AVERAG	E DAILY P	AYMENT RAT	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF C	ARE	SINGLE D	OUBLE
Nursing Care	33	140	4	4	92	0	273	Nursing Car	е	165	142
Skilled Under 22	0	0	0	0	0	0	0	Skilled Unde	er 22	0	0
ICF/DD		16	0	0	0	0	16	Intermediate	DD .	0	114
Sheltered Care			0	0	0	0	0	Shelter		0	0
TOTALS	33	156	4	4	92	0	289				
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GROU	JPING				STAFFING	3	
		Nursing	Skilled		Sheltere			EMPLOYM		FULL-TIM	
RACE		Care	Under 22	2 ICF/DD	Care	٦	Totals	CATEGO	RY	EQUIVALE	ENT
Asian		0	0	0	0		0	Administrators		3	3.25
American Indian		0	0	0	0		0	Physicians		0	0.00
Black		2	0	1	0		3	Director of Nu	rsing	3	3.00
Hawaiian/Pacific I	sl.	0	0	0	0		0	Registered Nu	rses	25.7	
White		271	0	15	0		286	LPN's		28.50	
Race Unknown		0	0	0	0		0	Certified Aides		119.50	
Total		273	0	16	0		289	Other Health S	Staff	10	0.00
								Non-Health St	aff	89	0.00
		Nursing	Skilled		Sheltere	ed		Totals		279	.00
ETHNICITY		Care	Under 22	2 ICF/DD	Care		Totals				
Hispanic		0	0	0	0	)	0				
Non-Hispanic		273	0	16	0	)	289				
Ethnicity Unknown	า	0	0	0	0	)	0				
Total		273	0	16	0	)	289				
				NET REVEN	JE BY PAY	OR SC	URCE (Fiscal Ye	ear Data)			
									Charity	Charity (	Care
Medicare	N	/ledicaid	Other P	ublic Priva	ate Insurand	ce	Private Pay	TOTALS	Care	Expense as	s % of

3.8%

770,904

22.9%

4,604,802

100.0%

20,120,599

Expense\*

1,566

Total Net Revenue

0.0%

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2014
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#### LTC PLANNING AREA

Logan

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIO Aggressive/Anti-Social		RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	4	Neoplasms	4	
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	17	
FREE STANDING FACILITIES	7	Drug Addiction	6	Blood Disorders	1	
		Medicaid Recipient	0	Nervous System Non Alzheimer	53	
FACILITIES LICENSED FOR:		Medicare Recipient	3	Alzheimer Disease	27	
NURSING CARE BEDS ONLY	4	Mental Illness	2	Mental Illness	30	
DD CARE BEDS ONLY	3	Non-Ambulatory	0	Developmental Disability	45	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	54	
		Public Aid Recipient	0	Respiratory System	49	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	17	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	5	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	6	Skin Disorders	5	
NON-PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	24	
FOR PROFIT OWNERSHIP	3	Other Restrictions	0	Injuries and Poisonings	6	
		No Restrictions	1	Other Medical Conditions	72	
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	409	
Reported Identified Offenders	8	Total Ro	esidents Diagnosed v	vith Mental Illness	78	

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanta an 4/4/0040	400
Nursing Care	468	459	389	459	364	104	349	461	Residents on 1/1/2013	402
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	413
Intermediate DD	48	48	48	48	45	3		48	Total Discharges 2013	477
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	338
TOTAL BEDS	516	507	437	507	409	107	349	509	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,478	9.8%	66,181	39.2%	0	1,917	40,337	0	120,913	70.6%	72.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			16,690	95.0%	0	0	0	0	16,690	95.0%	95.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12,478	9.8%	82,871	44.5%	0	1,917	40,337	0	137,603	72.9%	74.2%

RESIDENTS BY AGE GROUP. SEX AND LEVEL OF CARE - DECEMBER 31. 2014
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	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	5	6	0	0	7	7	14
45 to 59	10	16	0	0	8	9	0	0	18	25	43
60 to 64	5	5	0	0	4	0	0	0	9	5	14
65 to 74	13	21	0	0	4	4	0	0	17	25	42
75 to 84	28	71	0	0	2	3	0	0	30	74	104
85+	33	159	0	0	0	0	0	0	33	159	192
TOTALS	91	273	0	0	23	22	0	0	114	295	409

38.5%

9,562,542

0.1%

32,337

\*Charity Expense does not include expenses which may be considered a community benefit.

25.7%

6,383,307

LEVEL			Other		Private	Charity		AVERAG	E DAILY P	AYMENT R	ATES	
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS	LEVEL OF CA	ARE	SINGLE	DOUBLE	
Nursing Care	51	191	5	3	114	0	364	Nursing Care	е	188	165	
Skilled Under 22	0	0	0	0	0	0	0	Skilled Unde	er 22	0	0	
ICF/DD		45	0	0	0	0	45	Intermediate	DD	247	113	
Sheltered Care			0	0	0	0	0	Shelter		0	0	
TOTALS	51	236	5	3	114	0	409					
	RESIDEN	ITS BY RAC	IAL/ETHN	ICITY GRO	UPING				STAFFING	G		
		Nursing	Skilled		Shelte			EMPLOYME		FULL-T		
RACE		Care	Under 22	ICF/DD	Car	e -	Totals	CATEGOR	RY	EQUIVA	LENT	
Asian		0	0	0		0	0	Administrators			5.50	
American Indian		0	0	0		0	0	Physicians	Physicians		0.00	
Black		7	0	0		0	7	Director of Nur	sing		5.00	
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nu	rses	2	22.10	
White		357	0	45		0	402	LPN's			56.17	
Race Unknown		0	0	0		0	0	Certified Aides		15	155.94	
Total		364	0	45		0	409	Other Health S	staff	•	14.00	
								Non-Health Sta	aff	11	16.17	
		Nursing	Skilled		Shelte	ered		Totals		37	74.88	
ETHNICITY		Care	Under 22	ICF/DD			Totals					
Hispanic		1	0	0		0	1					
Non-Hispanic		261	0	45		0	306					
Ethnicity Unknown	า	102	0	0		0	102					
Total		364	0	45		0	409					
			N	IET REVEN	IUE BY P	AYOR SC	OURCE (Fiscal '	Year Data)				
									Charity	Charity	/ Care	
Medicare	M	ledicaid	Other Pu	ıblic Priv	ate Insura	nce	Private Pay	TOTALS	Care	Expense	as % of	

1.7%

431,590

33.9%

8,399,320

100.0%

24,809,096

Expense\*

0

Total Net Revenue

0.0%

# Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LT	C PLANNING ARE	A Macoupin		
HEALTH SERVICE AREA	003	ADMISSION RESTRICTION	S	RESIDENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	4	DIAGNOSIS		
TOTAL FACILITIES	9	Chronic Alcoholism	2	Neoplasms	12	
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	20	
FREE STANDING FACILITIES	9	Drug Addiction	6	Blood Disorders	12	
		Medicaid Recipient	0	Nervous System Non Alzheimer	55	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	59	
NURSING CARE BEDS ONLY	8	Mental Illness	1	Mental Illness	34	
DD CARE BEDS ONLY	1	Non-Ambulatory	1	Developmental Disability	23	
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	94	
		Public Aid Recipient	0	Respiratory System	34	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	12	
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	15	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	8	Skin Disorders	9	
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	61	

8

1

1

6

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	E 40
Nursing Care	744	666	576	666	522	222	541	742	Residents on 1/1/2013	549
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	734
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2013	707
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	576
TOTAL BEDS	760	682	592	682	537	223	541	758	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Med		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18,038	9.1%	116,394	42.9%	556	1,804	53,092	0	189,884	69.7%	77.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,728	97.8%	0	0	0	0	5,728	97.8%	97.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	18,038	9.1%	122,122	44.0%	556	1,804	53,092	0	195,612	70.3%	78.4%

	NURSIN	IG CARE	SKL UNDER 22		INTER	RMED. DD	SHELTERED		T	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	3	4	0	0	4	4	8
45 to 59	11	5	0	0	3	4	0	0	14	9	23
60 to 64	14	10	0	0	0	0	0	0	14	10	24
65 to 74	25	37	0	0	1	0	0	0	26	37	63
75 to 84	39	108	0	0	0	0	0	0	39	108	147
85+	51	221	0	0	0	0	0	0	51	221	272
TOTALS	141	381	0	0	7	8	0	0	148	389	537

22

59

16

537

108

Injuries and Poisonings Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

LEVEL			Other			Private	Charity			AVERAG	SE DAILY PA	YMENT F	RATES
OF CARE	Medicare	Medicaid		Insurance		Pay	Care	TOTA	LS	LEVEL OF C		SINGLE	DOUBLE
Nursing Care	52	300	2	6		162	0	5	22	Nursing Ca	re	182	149
Skilled Under 22	0	0	0	0		0	0		0	Skilled Und	ler 22	0	0
ICF/DD		15	0	0		0	0		15	Intermediat	e DD	0	116
Sheltered Care			0	0		0	0		0	Shelter		0	0
TOTALS	52	315	2	6		162	0	5	37				
	RESIDE	NTS BY RAC	IAL/ETHN	NICITY G	ROU	IPING					STAFFING	i	
		Nursing	Skilled			Sheltere				EMPLOYM		FULL-	
RACE		Care	Under 22	2 ICF/	DD	Care	٦	Γotals		CATEGO	RY	EQUIV	ALENT
Asian		1	0		0	0	)	1	=	Administrator	s		9.00
American Indian		0	0		0	0	)	0		Physicians			6.00
Black		10	0		0	0	)	10		Director of Nursing		8.00	
Hawaiian/Pacific I	sl.	0	0		0	0	)	0		Registered Nurses		41.25	
White		511	0		15	0	)	526		LPN's		72.00	
Race Unknown		0	0		0	0	)	0	=	Certified Aide	-	264.00	
Total		522	0		15	0	)	537		Other Health			21.00
										Non-Health S	taff	1	99.00
		Nursing	Skilled			Sheltere	ed			Totals		6	320.25
ETHNICITY		Care	Under 22	2 ICF/	DD	Care		Totals					
Hispanic		0	0		0	(	)	0	=				
Non-Hispanic		522	0	•	15	(	)	537					
Ethnicity Unknow	n	0	0		0	(	)	0					
Total		522	0	,	15	(	)	537	_				
				NET REV	ENU	JE BY PA	YOR SO	URCE	(Fiscal Ye	ear Data)			
											Charity	Chari	ty Care
Medicare	1	Medicaid	Other P	ublic F	Priva	ite Insuran	ce	Private Pay		TOTALS	Care	Expense	as % of
27.6%		41.7%	(	0.3%		1.9	%	2	8.6%	100.0%	Expense*	Total Ne	t Revenue
9,814,642		14,842,525	89	,024		672,86	9	10,190	),157	35,609,217	5,989		0.0%

#### LTC PLANNING AREA

Mason

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIA				
		Aggressive/Anti-Social	1	DIAGNOSIS			
TOTAL FACILITIES	2	Chronic Alcoholism	1	Neoplasms	1		
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	4		
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	1		
		Medicaid Recipient	0	Nervous System Non Alzheimer	12		
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	29		
NURSING CARE BEDS ONLY	1	Mental Illness	1	Mental Illness	3		
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	13		
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	19		
		Public Aid Recipient	0	Respiratory System	4		
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2		
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	0		
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	2		
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10		
FOR PROFIT OWNERSHIP	1	Other Restrictions	1	Injuries and Poisonings	1		
		No Restrictions	0	Other Medical Conditions	15		
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	10		
LIFE CARE FACILITY	0			TOTALS	126		
Reported Identified Offenders	4	Total Residents	Diagnose	d with Mental Illness	35		

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	į
Nursing Care	164	162	125	157	112	52	84	164	Residents on 1/1/2013 Total Admissions 2013	127 156
Skilled Under 22 Intermediate DD	0 0	0 0	0	0 0	0 0	0 0		0	Total Discharges 2013 Residents on 12/31/2013	154 129
Sheltered Care TOTAL BEDS	31 195	16 178	15 140	16 173	14 126	17 69	84	164	- Residents on 12/31/2013	129

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medi			licaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,908	12.7%	25,989	43.3%	0	100	12,735	0	42,732	71.2%	72.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	4,844	0	4,844	42.7%	82.7%
TOTALS	3,908	12.7%	25,989	43.3%	0	100	17,579	0	47,576	66.7%	73.0%

# RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	2	9	0	0	0	0	0	1	2	10	12
75 to 84	8	20	0	0	0	0	0	3	8	23	31
85+	9	52	0	0	0	0	1	9	10	61	71
TOTALS	27	85	0	0	0	0	1	13	28	98	126

RE	SIDENTS B	Y PAYMENT	SOURC	E AND LEVE	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT F	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	16	60	3	8	25	0	112	Nursing Care	172	146
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	14	0	14	Shelter	113	0
TOTALS	16	60	3	8	39	0	126			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFF	ING	
		Nursing	Skilled		Shelte	ered		EMPLOYMENT	FULL-	TIME
RACE		Care	Under 2	2 ICF/DD	) Car	re 1	Totals	CATEGORY	EQUIVA	ALENT
Asian		0	C	0		0	0	Administrators		2.00

KESI	IDENIO DI NA	CIAL/ETHNIC	JIII GROU	FING		SIAFFI	NG
RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Asian	0	0	0	0	0	Administrators	2.00
American Indian	0	0	0	0	0	Physicians	0.00
Black	0	0	0	0	0	Director of Nursing	2.00
Hawaiian/Pacific Isl.	1	0	0	0	1	Registered Nurses	10.00
White	111	0	0	14	125	LPN's	16.00
Race Unknown	0	0	0	0	0	Certified Aides	50.00
Total	112	0	0	14	126	Other Health Staff	0.00
						Non-Health Staff	42.00
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	Totals	122.00
Hispanic	0	0	0	0	0		
Non-Hispanic	112	0	0	14	126		
Ethnicity Unknown	0	0	0	0	0		
Total	112	0	0	14	126		

# NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
23.8%	38.8%	0.0%	0.7%	36.7%	100.0%	Expense*	Total Net Revenue	
1,861,383	3,028,723	0	54,210	2,866,613	7,810,929	3,324	0.0%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

#### LTC PLANNING AREA

Menard

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	1	Chronic Alcoholism	1	Neoplasms	2
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	0
FREE STANDING FACILITIES	1	Drug Addiction	1	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	4
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	15
NURSING CARE BEDS ONLY	1	Mental Illness	1	Mental Illness	22
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	1
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	16
		Public Aid Recipient	0	Respiratory System	4
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	1
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	1	Skin Disorders	0
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
FOR PROFIT OWNERSHIP	0	Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	11
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	82
Reported Identified Offenders	1	Total Residents	Diagnose	d with Mental Illness	36

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

. =	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	04
Nursing Care	106	96	90	96	82	24	0	106	Residents on 1/1/2013	81
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	105
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	104
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	82
TOTAL BEDS	106	96	90	96	82	24	0	106		

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medic		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2,801	0.0%	13,891	35.8%	0	0	13,897	0	30,589	78.8%	87.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2,801	0.0%	13,891	35.8%	0	0	13,897	0	30,589	78.8%	87.1%

# RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	12	38	0	0	0	0	0	0	12	38	50
TOTALS	24	58	0	0	0	0	0	0	24	58	82

_	IDENTS B	Y PAYMENT		E AND LE	_	-							
LEVEL	Mardinana	Maratha at a	Other		Priva		Charity	TOTAL	0		SE DAILY PA		
OF CARE	Medicare	Medicaid	Public	Insurance	e Pa	У	Care	TOTAL	.5	LEVEL OF C	ARE	SINGLE D	OUBLE
Nursing Care	7	32	0	3	40	0	0	82	2	Nursing Ca	re	163	150
Skilled Under 22	0	0	0	0	(	0	0	0	)	Skilled Und	ler 22	0	0
ICF/DD		0	0	0	(	0	0	0	)	Intermediat	e DD	0	0
Sheltered Care			0	0	(	0	0	0	)	Shelter		0	0
TOTALS	7	32	0	3	40	0	0	82	2				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY G	ROUPING	G					STAFFING		
		Nursing	Skilled		_	neltere				EMPLOYM		FULL-TIN	
RACE		Care	Under 2	2 ICF/	DD	Care	Т	otals		CATEGO	RY	EQUIVAL	ENT
Asian		0	0		0	0		0	_	Administrator	S	1	1.00
American Indian		0	0		0	0		0		Physicians		(	0.00
Black		2	0		0	0		2		Director of Nu	ırsing	1	1.00
Hawaiian/Pacific I	lsl.	0	0		0	0		0		Registered No	urses	5	5.00
White		80	0		0	0		80		LPN's		13	3.00
Race Unknown		0	0		0	0		0		Certified Aide	S	36	6.00
Total		82	0		0	0		82		Other Health	Staff	(	0.00
									_	Non-Health S	taff	30	0.00
		Nursing	Skilled		SI	heltere	d			Totals		86	6.00
ETHNICITY		Care	Under 2	2 ICF/	DD	Care	T	otals					
Hispanic		0	0		0	0		0					
Non-Hispanic		82	0	ı	0	0		82					
Ethnicity Unknow	n	0	0	1	0	0		0					
Total		82	0		0	0		82					
	_		_	NET REV	ENUE B	Y PAY	OR SO	URCE (F	iscal Year Da	ta)			
											Charity	Charity	Care
Medicare	ľ	Medicaid	Other F	Public F	rivate In	surano	ce	Private P	Pay	TOTALS	Care	Expense a	s % of
36.1%		29.7%		0.0%		0.0	%	34.	.3%	100.0%	Expense*	Total Net F	Revenue
2,073,372		1,704,887		0		(	0	1,970,7	743	5,749,002	0	0.	0%

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	JOSIS
HEALTH SERVICE AREA	003	Aggressive/Anti-Social	3	DIAGNOSIS	10313
TOTAL FACILITIES	7	Chronic Alcoholism	2	Neoplasms	9
HOSPITAL BASED UNITS	1	Developmentally Disabled	3	Endocrine/Metabolic	28
FREE STANDING FACILITIES	6	Drug Addiction	5	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	23
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	45
NURSING CARE BEDS ONLY	6	Mental Illness	2	Mental Illness	47
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	17
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	50
		Public Aid Recipient	0	Respiratory System	30
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	4
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	4
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	7	Skin Disorders	0
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	64
FOR PROFIT OWNERSHIP	6	Other Restrictions	1	Injuries and Poisonings	4

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

**Total Residents Diagnosed with Mental Illness** 

43

0

369

96

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

15

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	00
Nursing Care	527	500	467	499	408	119	335	490	Residents on 1/1/2013	399
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,443
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2013	1,427
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	415
TOTAL BEDS	543	516	483	515	424	119	335	506	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Med		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19,527	15.9%	91,844	51.2%	525	2,536	31,088	216	145,736	75.6%	79.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,840	99.7%	0	0	0	0	5,840	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	19,527	15.9%	97,684	52.7%	525	2,536	31,088	216	151,576	76.3%	80.3%

	NURSIN	IG CARE	SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	9	3	0	0	6	3	0	0	15	6	21	
45 to 59	22	11	0	0	1	3	0	0	23	14	37	
60 to 64	23	8	0	0	1	1	0	0	24	9	33	
65 to 74	29	28	0	0	0	1	0	0	29	29	58	
75 to 84	30	65	0	0	0	0	0	0	30	65	95	
85+	43	137	0	0	0	0	0	0	43	137	180	
TOTALS	156	252	0	0	8	8	0	0	164	260	424	

LEVEL		SY PAYMENT	Other		Private	Char	-itv/			AVED A	GE DAILY PA	VMENT DA	TEC
OF CARE	Medicare	Medicaid		Insurance	Pay	Car	-	TALS		LEVEL OF (			DOUBLE
Nursing Care	43	248	12	9	96	(	)	408	-	Nursing Ca	are	299	269
Skilled Under 22	0	0	0	0	0	(	)	0		Skilled Und		0	0
ICF/DD		16	0	0	0	(	)	16		Intermedia	te DD	0	107
Sheltered Care			0	0	0	(	)	0		Shelter		0	0
TOTALS	43	264	12	9	96	(	)	424					
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	DUPING						STAFFING		
		Nursing	Skilled		Shelte					<b>EMPLOYN</b>		FULL-TI	
RACE		Care	Under 22	ICF/D	D Ca	re	Totals			CATEGO	DRY	EQUIVAL	ENT.
Asian		0	0	C	)	0	0			Administrator	s	(	6.00
American Indian		0	0	(	)	0	0			Physicians		;	2.10
Black		11	0	(	)	0	11			Director of Nu	ursing		6.00
Hawaiian/Pacific I	sl.	0	0	(	)	0	0			Registered N	urses	4	5.10
White		395	0	16	6	0	411			LPN's		5	7.20
Race Unknown		2	0	(	)	0	2			Certified Aide			7.50
Total		408	0	16	5	0	424			Other Health			3.00
									_	Non-Health S	Staff		9.50
		Nursing	Skilled		Shelte	ered				Totals		410	6.40
ETHNICITY		Care	Under 22	2 ICF/D	D Ca	re	Totals	i					
Hispanic		1	0	C	1	0	1	<del></del>					
Non-Hispanic		405	0	16	;	0	421						
Ethnicity Unknown	า	2	0	0	)	0	2						
Total		408	0	16	i	0	424						
			ı	NET REVE	NUE BY P	AYOR	SOURC	E (Fiscal Y	ear Dat	ta)			
											Charity	Charity	Care
Medicare	1	Medicaid	Other P	ublic Pri	vate Insura	ance	Priva	te Pay	-	TOTALS	Care	Expense a	s % of
15.9%		27.6%	44	4.0%	1	.2%		11.2%		100.0%	Expense*	Total Net I	Revenue
6,700,852		11,623,365	18,515,	247	516,	070	4,7	14,849	4	2,070,383	103,546	0	.2%

ILLINOIS LONG-TERM CARE DATA	SUMMARY-CA	LENDAR YEAR 2014 LT	C PLANNING ARI	EA Morgan/Sco	tt
HEALTH SERVICE AREA	003	ADMISSION RESTRICTION Aggressive/Anti-Social	<b>IS</b> 7	RESIDENTS BY PRIMARY DIAG	NOSIS
TOTAL FACILITIES	10	Chronic Alcoholism	8	Neoplasms	9
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	10
FREE STANDING FACILITIES	10	Drug Addiction	8	Blood Disorders	3
		Medicaid Recipient	0	Nervous System Non Alzheimer	19

Reported Identified Offenders	16	Total Reside	ents Diagnosed	with Mental Illness	53
LIFE CARE FACILITY	0			TOTALS	469
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
		No Restrictions	0	Other Medical Conditions	22
FOR PROFIT OWNERSHIP	4	Other Restrictions	1	Injuries and Poisonings	8
NON-PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	5	Musculo-skeletal Disorders	93
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	10	Skin Disorders	1
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
		Public Aid Recipient	0	Respiratory System	33
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	91
DD CARE BEDS ONLY	5	Non-Ambulatory	0	Developmental Disability	49
NURSING CARE BEDS ONLY	4	Mental Illness	2	Mental Illness	34
FACILITIES LICENSED FOR:		Medicare Recipient	4	Alzheimer Disease	92
		Medicaid Recipient	0	Nervous System Non Alzheimer	19
FREE STANDING FACILITIES	10	Drug Addiction	8	Blood Disorders	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	10
TOTAL FACILITIES	10	Chronic Alcoholism	8	Neoplasms	9
		riggiocolvo/rini occiai	•	DI/ 10110010	

. = . = = = = =	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	- Decidents on 1/1/2012	467
Nursing Care	561	554	443	535	411	150	288	561	Residents on 1/1/2013	467
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	621
Intermediate DD	48	48	47	48	45	3		48	Total Discharges 2013	484
Sheltered Care	24	24	13	16	13	11			Residents on 12/31/2013	604
TOTAL BEDS	633	626	503	599	469	164	288	609	_	

# **FACILITY UTILIZATION - 2014**

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15,997	15.2%	83,474	40.7%	3,204	1,473	38,830	0	142,978	69.6%	70.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			16,494	93.9%	0	0	0	0	16,494	93.9%	93.9%
Sheltered Care					0	0	4,168	0	4,168	47.4%	47.4%
TOTALS	15,997	15.2%	99,968	44.9%	3,204	1,473	42,998	0	163,640	70.6%	71.4%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014										
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	18	5	0	0	19	6	25
45 to 59	18	14	0	0	10	4	0	0	28	18	46
60 to 64	11	11	0	0	4	1	1	0	16	12	28
65 to 74	24	34	0	0	3	0	0	1	27	35	62
75 to 84	31	77	0	0	0	0	1	4	32	81	113
85+	15	174	0	0	0	0	0	6	15	180	195
TOTALS	100	311	0	0	35	10	2	11	137	332	469

LEVEL			Other		Private	Charity	/		ΔVFRΔ	GE DAILY PA	YMFNT RA	ATFS
OF CARE	Medicare	Medicaid		nsurance	Pay	Care	TOTALS	3	LEVEL OF C			DOUBLE
Nursing Care	43	250	2	7	109	0	411		Nursing Ca	ire	163	160
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	ler 22	0	0
ICF/DD		45	0	0	0	0	45		Intermediat	te DD	190	158
Sheltered Care			0	0	13	0	13	=	Shelter		110	90
TOTALS	43	295	2	7	122	0	469					
	RESIDE	NTS BY RAC	IAL/ETHN	CITY GRO	UPING					STAFFING		
		Nursing	Skilled		Sheltere				EMPLOYM		FULL-T	
RACE		Care	Under 22	ICF/DD	Care		Totals		CATEGO	PRY	EQUIVAI	LENT
Asian		0	0	0	0		0	•	Administrator	S		6.61
American Indian		0	0	0	0		0		Physicians			1.00
Black		14	0	7	0		21		Director of Nu	ırsing		5.00
Hawaiian/Pacific I	sl.	1	0	0	0		1		Registered N	urses	2	3.41
White		393	0	38	13		444		LPN's		7	3.80
Race Unknown		3	0	0	0		3		Certified Aide		-	7.20
Total		411	0	45	13		469		Other Health			2.91
									Non-Health S	taff	13	4.20
		Nursing	Skilled		Sheltere	ed			Totals		45	4.13
ETHNICITY		Care	Under 22	ICF/DE	Care		Totals					
Hispanic		1	0	1	(	)	2					
Non-Hispanic		410	0	44	13	3	467					
Ethnicity Unknown	า	0	0	0	(	)	0					
Total		411	0	45	13	3	469					
			N	ET REVEN	UE BY PA	OR S	OURCE (Fi	scal Year D	ata)			
										Charity	Charity	Care
Medicare	1	Medicaid	Other Pu	ıblic Priv	ate Insuran	ce	Private Pa	ay	TOTALS	Care	Expense a	as % of
27.2%		44.9%	0	.1%	2.2	%	25.7	7%	100.0%	Expense*	Total Net	Revenue
8,508,447		14,054,173	33,6	654	675,14	7	8,046,17	79	31,317,600	0	0	.0%

ILLINOIS LONG-TERM CARE DATA SU	MMARY-CA	LENDAR YEAR 2014 LTG	C PLANNING AREA	Sangamon	
HEALTH SERVICE AREA	003	ADMISSION RESTRICTION	s	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	12	DIAGNOSIS	
TOTAL FACILITIES	18	Chronic Alcoholism	13	Neoplasms	26
HOSPITAL BASED UNITS	0	Developmentally Disabled	6	Endocrine/Metabolic	43
FREE STANDING FACILITIES	18	Drug Addiction	15	Blood Disorders	24
		Medicaid Recipient	4	Nervous System Non Alzheimer	72
FACILITIES LICENSED FOR:		Medicare Recipient	7	Alzheimer Disease	114
NURSING CARE BEDS ONLY	8	Mental Illness	6	Mental Illness	85
DD CARE BEDS ONLY	6	Non-Ambulatory	1	Developmental Disability	160
MULTI-LICENSED FACILITIES	4	Non-Mobile	1	Circulatory System	185
		Public Aid Recipient	2	Respiratory System	65
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	29
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	27
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	17	Skin Disorders	18
NON-PROFIT OWNERSHIP	11	Infectious Disease w/ Isolation	6	Musculo-skeletal Disorders	76
FOR PROFIT OWNERSHIP	7	Other Restrictions	0	Injuries and Poisonings	54
		No Restrictions	1	Other Medical Conditions	218
CONTINUING CARE COMMUNITY	2			Non-Medical Conditions	0

TOTALS

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

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LIFE CARE FACILITY

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/0042	4 400
Nursing Care	1,233	1,135	1,039	1,130	973	260	833	773	Residents on 1/1/2013	1,190
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	2,664
Intermediate DD	178	178	167	178	156	22		179	Total Discharges 2013	2,666
Sheltered Care	132	88	76	86	57	75			Residents on 12/31/2013	1,188
TOTAL BEDS	1,543	1,401	1,282	1,394	1,186	357	833	952		

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	56,923	18.7%	154,755	54.7%	448	15,133	128,450	3,044	358,753	79.5%	86.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			57,545	87.8%	0	0	730	0	58,275	89.5%	89.5%
Sheltered Care					0	0	15,796	5,965	21,761	45.0%	67.6%
TOTALS	56,923	18.7%	212,300	60.9%	448	15,133	144,976	9,009	438,789	77.7%	85.6%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	7	2	0	0	28	10	0	0	35	12	47		
45 to 59	24	19	0	0	49	20	0	0	73	39	112		
60 to 64	30	27	0	0	16	2	0	1	46	30	76		
65 to 74	60	87	0	0	22	2	0	0	82	89	171		
75 to 84	102	180	0	0	5	0	2	7	109	187	296		
85+	95	340	0	0	1	1	7	40	103	381	484		
TOTALS	318	655	0	0	121	35	9	48	448	738	1,186		

1,196

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LEVEL			Other		Private	Charit	V	AVERAGE DAILY	PAYMENT R	ATES	
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	•	LEVEL OF CARE		DOUBLE	
Nursing Care	140	424	0	68	335	6	973	Nursing Care	223	180	
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0	
ICF/DD		154	0	0	2	0	156	Intermediate DD	127	123	
Sheltered Care			0	0	55	2	57	Shelter	140	107	
TOTALS	140	578	0	68	392	8	1,186				
	RESIDE	NTS BY RAC	IAL/ETHNI	CITY GRO	UPING			STAFFI	NG		
		Nursing	Skilled		Shelter			EMPLOYMENT	FULL-T		
RACE		Care	Under 22	ICF/DD	Care	)	Totals	CATEGORY	EQUIVA	LENT	
Asian		2	0	0	(	0	2	Administrators	14.83		
American Indian		2	0	0	(	0	2	Physicians		5.00	
Black		68	0	12	(	0	80	Director of Nursing		13.00	
Hawaiian/Pacific I	sl.	0	0	0	(	0	0	Registered Nurses	;	82.90	
White		900	0	144	5	7	1,101	LPN's	19	198.89	
Race Unknown		1	0	0	(	0	1	Certified Aides	4	481.59	
Total		973	0	156	5	7	1,186	Other Health Staff	153.46		
								Non-Health Staff	347.81		
		Nursing	Skilled		Shelter	ed		Totals	129	97.48	
ETHNICITY		Care	Under 22	ICF/DD	) Care	Э	Totals				
Hispanic		4	0	0		0	4				
Non-Hispanic		904	0	156	4	3	1,103				
Ethnicity Unknown	า	65	0	0	1	4	79				
Total		973	0	156	5	7	1,186				
			N	ET REVEN	IUE BY PA	YOR S	OURCE (Fisc	cal Year Data)			
								Charity	Charit	y Care	
Medicare	1	Medicaid	Other Pu	ıblic Priv	ate Insurar	nce	Private Pay	TOTALS Care	Expense	as % of	
26.4%		35.7%	0	.1%	5.7	7%	32.0%	% 100.0% Expense	e* Total Net	Revenue	
24,516,706		33,154,036	51,1	177	5,305,0	38	29,722,965	92,749,922 739,509	9	0.8%	

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014	TC PLANNING AREA	Champaign	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTION	ONS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	8	Chronic Alcoholism	4	Neoplasms	9
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	18
FREE STANDING FACILITIES	8	Drug Addiction	5	Blood Disorders	7
		Medicaid Recipient	1	Nervous System Non Alzheimer	56
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	106
NURSING CARE BEDS ONLY	6	Mental Illness	4	Mental Illness	82
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	112
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	120
		Public Aid Recipient	0	Respiratory System	41
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	27
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	37
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	8	Skin Disorders	22
NON-PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	46
FOR PROFIT OWNERSHIP	4	Other Restrictions	2	Injuries and Poisonings	50
		No Restrictions	0	Other Medical Conditions	64
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	5

TOTALS

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

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LIFE CARE FACILITY

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0040	000
Nursing Care	908	873	738	867	668	240	845	685	Residents on 1/1/2013	830
Skilled Under 22	123	123	119	123	112	11		123	Total Admissions 2013	1,704
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	1,670
Sheltered Care	19	19	17	19	16	3			Residents on 12/31/2013	864
TOTAL BEDS	1,050	1,015	874	1,009	796	254	845	808	_	

# **FACILITY UTILIZATION - 2014**

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	26,214	8.5%	127,261	50.8%	1,493	16,978	81,963	0	253,909	76.4%	79.5%
Skilled Under 22			41,585	92.4%	0	0	365	0	41,950	93.2%	93.2%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	5,671	0	5,671	81.6%	81.6%
TOTALS	26,214	8.5%	168,846	57.1%	1,493	16,978	87,999	0	301,530	78.5%	81.2%

# RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	8	5	0	0	0	0	8	5	13	
18 to 44	2	1	40	27	0	0	0	0	42	28	70	
45 to 59	22	16	9	12	0	0	0	0	31	28	59	
60 to 64	19	17	3	2	0	0	0	0	22	19	41	
65 to 74	37	50	4	1	0	0	0	0	41	51	92	
75 to 84	47	112	1	0	0	0	0	0	48	112	160	
85+	72	273	0	0	0	0	5	11	77	284	361	
TOTALS	199	469	65	47	0	0	5	11	269	527	796	

802

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LEVEL			Other		Private	Charity		AVERAGE DAIL	Y PAYMENT	RATES	
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE	
Nursing Care	63	342	7	55	201	0	668	Nursing Care	245	185	
Skilled Under 22	0	111	0	0	1	0	112	Skilled Under 22	0	260	
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0	
Sheltered Care			0	0	16	0	16	Shelter	199	162	
TOTALS	63	453	7	55	218	0	796				
	RESIDEN	ITS BY RAC	IAL/ETHN	NICITY GRO	UPING			STAF	FING		
	Nursing Skilled Sheltered EMPLOYMENT									-TIME	
RACE		Care	Under 22	2 ICF/DE	) Care	• 7	otals	CATEGORY	EQUIV	'ALENT	
Asian		4	8	0		1	13	Administrators	9.00		
American Indian		0	24	0	(	)	24	Physicians		2.00	
Black		89	0	0	(	)	89	Director of Nursing		8.00	
Hawaiian/Pacific	lsl.	1	0	0	(	)	1	Registered Nurses		95.60	
White		570	80	0	15	5	665	LPN's		98.10	
Race Unknown		4	0	0	(	)	4	Certified Aides		361.40	
Total		668	112	0	16	3	796	Other Health Staff		42.10	
								Non-Health Staff		309.50	
		Nursing	Skilled		Shelter	ed		Totals		925.70	
ETHNICITY		Care	Under 22	2 ICF/DI	) Care	-	Γotals				
Hispanic		3	6	0		0	9				
Non-Hispanic		652	106	0	1.	2	770				
Ethnicity Unknow	n	13	0	0		4	17				
Total		668	112	0	1	6	796				
				NET REVEN	NUE BY PA	YOR SO	URCE (Fiscal Y	/ear Data)			
								Charit	y Chai	ity Care	
Medicare	M	Medicaid	Other P	ublic Priv	ate Insurar	nce	Private Pay	TOTALS Care	•	e as % of	
21.9%		37.5%	(	0.4%	11.5	5%	28.6%	100.0% Exper	•	et Revenue	
14,702,020		25,158,512	299	,773	7,722,7	72	19,147,805	67,030,882 6,4	<b>1</b> 50	0.0%	

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	0	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	0	Neoplasms	4
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	1
FREE STANDING FACILITIES	3	Drug Addiction	0	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	11
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	43
NURSING CARE BEDS ONLY	3	Mental Illness	1	Mental Illness	33
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	1
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	23
		Public Aid Recipient	0	Respiratory System	19
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	6
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	3
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
FOR PROFIT OWNERSHIP	1	Other Restrictions	1	Injuries and Poisonings	5
		No Restrictions	0	Other Medical Conditions	18
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	181
Reported Identified Offenders	2	Total Residents	s Diagnosed	with Mental Illness	46

LEVEL OF CARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	ı
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Residents on 1/1/2013	192
Nursing Care	245	245	208	245	181	64	130	235		_
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	240
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	251
Sheltered Care	0	0	0	0	0	0		· ·	Residents on 12/31/2013	181
TOTAL BEDS	245	245	208	245	181	64	130	235	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6,809	14.3%	31,330	36.4%	0	606	29,123	0	67,868	75.7%	75.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6,809	14.3%	31,330	36.4%	0	606	29,123	0	67,868	75.7%	75.7%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSING CARE		SKL UNDER 22		INTER	RMED. DD	SHEI	TERED	TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	4	7	0	0	0	0	0	0	4	7	11	
60 to 64	2	3	0	0	0	0	0	0	2	3	5	
65 to 74	8	13	0	0	0	0	0	0	8	13	21	
75 to 84	18	36	0	0	0	0	0	0	18	36	54	
85+	20	70	0	0	0	0	0	0	20	70	90	
TOTALS	52	129	0	0	0	0	0	0	52	129	181	

LEVEL			Other		Private	Charity			AVERAG	SE DAILY PA	YMENT R	ATES
OF CARE	Medicare	Medicaid		nsurance	Pay	Care	TOTALS	;	LEVEL OF C	ARE	SINGLE	DOUBLE
Nursing Care	20	82	0	3	76	0	181		Nursing Ca	re	148	129
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	er 22	0	0
ICF/DD		0	0	0	0	0	0		Intermediat	e DD	0	0
Sheltered Care			0	0	0	0	0	_	Shelter		0	0
TOTALS	20	82	0	3	76	0	181					
	RESIDE	NTS BY RAC	IAL/ETHNI	ICITY GRO	DUPING					STAFFING		
		Nursing	Skilled		Shelter				EMPLOYM		FULL-T	
RACE		Care	Under 22	ICF/DI	D Care	Э	Totals		CATEGORY		EQUIVALEN	
Asian		1	0	C		0	1		Administrators			3.00
American Indian		0	0	0	)	0	0		Physicians		0.00	
Black		0	0	0		0	0		Director of Nursing		3.00	
Hawaiian/Pacific	lsl.	0	0	0		0	0		Registered Nurses		18.00	
White		180	0	0		0	180		LPN's		32.00	
Race Unknown		0	0	0		0	0		Certified Aide		82.00	
Total		181	0	0		0	181		Other Health		1.0	
									Non-Health S	taff	3	3.00
		Nursing	Skilled		Shelte	red			Totals		22	22.00
ETHNICITY		Care	Under 22	ICF/D	D Car	е	Totals					
Hispanic		0	0	0		0	0					
Non-Hispanic		181	0	0		0	181					
Ethnicity Unknow	n	0	0	0		0	0					
Total		181	0	0		0	181					
			N	IET REVE	NUE BY PA	YOR S	OURCE (Fis	scal Year I	Data)			
										Charity	Charity	Care
Medicare	1	Medicaid	Other Pu	ıblic Pri	vate Insura	nce	Private Pag	ıy	TOTALS	Care	Expense	as % of
28.8%		35.2%	0	.0%	3.	1%	32.9	9%	100.0%	Expense*	Total Net	Revenue
3,357,265		4,108,379		0	365,3	56	3,837,18	30	11,668,180	0	C	0.0%

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	4	DIAGNOSIS	
TOTAL FACILITIES	8	Chronic Alcoholism	3	Neoplasms	12
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	33
FREE STANDING FACILITIES	8	Drug Addiction	4	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	53
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	117
NURSING CARE BEDS ONLY	8	Mental Illness	2	Mental Illness	71
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	9
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	98
		Public Aid Recipient	0	Respiratory System	41
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	14
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	19
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	8	Skin Disorders	5
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	46
FOR PROFIT OWNERSHIP	7	Other Restrictions	4	Injuries and Poisonings	17
		No Restrictions	0	Other Medical Conditions	47
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	3
LIFE CARE FACILITY	1			TOTALS	586
Reported Identified Offenders	28 Total Residents Diagnosed with Mental Illness				147

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BED2	SET-UP	OSED	SE 1-UP	IN USE	BED2	CERTIFIED	CERTIFIED	Residents on 1/1/2013	597
Nursing Care	939	872	666	854	586	353	821	924		
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,220
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	1,232
intermediate DD	U	U	U	U	U	U		U	Residents on 12/31/2013	585
Sheltered Care	0	0	0	0	0	0			11031001110 011 12/01/2010	000
TOTAL BEDS	939	872	666	854	586	353	821	924	_	

# FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	care	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	31,051	10.3%	125,987	37.3%	3,222	3,227	52,481	0	215,968	62.8%	67.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	31,051	10.3%	125,987	37.3%	3,222	3,227	52,481	0	215,968	62.8%	67.7%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 **NURSING CARE** SKL UNDER 22 INTERMED. DD SHELTERED **TOTAL GRAND** AGE GROUPS Female Male Female Female **TOTAL** Male Female Male Male Female Male Under 18 18 to 44 45 to 59 60 to 64 65 to 74 75 to 84 85+ TOTALS

LEVEL			Other		Private	Charity		AVERAGE DAILY P	AYMENT RA	TES
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE I	OOUBLE
Nursing Care	82	340	14	9	141	0	586	Nursing Care	167	149
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	134	0
TOTALS	82	340	14	9	141	0	586			
	RESIDEI	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING			STAFFING	3	
		Nursing	Skilled		Shelte			EMPLOYMENT	FULL-TI	
RACE		Care	Under 22	ICF/DD	) Car	e	Totals	CATEGORY	EQUIVAL	ENT.
Asian		0	0	0		0	0	Administrators	;	8.00
American Indian		0	0	0		0	0	Physicians	(	0.00
Black		13	0	0		0	13	Director of Nursing	;	8.00
Hawaiian/Pacific	lsl.	0	0	0		0	0	Registered Nurses	5	2.00
White		573	0	0		0	573	LPN's	8:	3.00
Race Unknown		0	0	0		0	0	Certified Aides	_	1.00
Total		586	0	0		0	586	Other Health Staff		2.00
								Non-Health Staff	18	9.00
		Nursing	Skilled		Shelte	ered		Totals	623	3.00
ETHNICITY		Care	Under 22	ICF/DE	) Cai	re	Totals			
Hispanic		0	0	0		0	0			
Non-Hispanic		586	0	0		0	586			
Ethnicity Unknow	'n	0	0	0		0	0			
Total		586	0	0		0	586			
			N	IET REVEN	IUE BY P	AYOR SO	OURCE (Fisc	al Year Data)		
								Charity	Charity	Care
Medicare	ľ	Medicaid	Other Pu	ıblic Priv	ate Insura	nce	Private Pay	TOTALS Care	Expense a	s % of
37.8%		35.9%	1	.4%	4	.3%	20.6%	100.0% Expense*	Total Net I	Revenue
15,391,445		14,616,877	552,4	462	1,740,1	129	8,397,631	40,698,544 8,563	0.	.0%

|--|

#### LTC PLANNING AREA

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	1	Neoplasms	15
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	2
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	11
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	15
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	6
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	32
		Public Aid Recipient	0	Respiratory System	22
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	11
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	4
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	3
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	19
FOR PROFIT OWNERSHIP	2	Other Restrictions	1	Injuries and Poisonings	7
		No Restrictions	0	Other Medical Conditions	14
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	162
Reported Identified Offenders	0	Total Residen	ts Diagnosed	with Mental Illness	6

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	ļ
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0040	470
Nursing Care	190	190	178	190	162	28	134	185	Residents on 1/1/2013	173
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	208
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	219
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	162
TOTAL BEDS	190	190	178	190	162	28	134	185	_	

# FACILITY UTILIZATION - 2014

LEVEL OF CARE	Medi Pat. days	icare Occ. Pct.	Medio Pat. days		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10,819	22.1%	27,551	40.7%	0	103	22,494	0	60,967	87.7%	87.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,819	22.1%	27,551	40.7%	0	103	22,494	0	60,967	87.7%	87.7%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014											
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	1	0	0	0	0	0	0	0	1	0	1	
60 to 64	1	3	0	0	0	0	0	0	1	3	4	
65 to 74	9	12	0	0	0	0	0	0	9	12	21	
75 to 84	13	29	0	0	0	0	0	0	13	29	42	
85+	20	74	0	0	0	0	0	0	20	74	94	
TOTALS	44	118	0	0	0	0	0	0	44	118	162	

4,571,758

3,569,802

13,721

\*Charity Expense does not include expenses which may be considered a community benefit.

LEVEL			Other		Private	Charity		AVERAGE DAILY F	PAYMENT F	RATES
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	31	77	0	1	53	0	162	Nursing Care	169	171
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	31	77	0	1	53	0	162			
	RESIDE	NTS BY RAC	IAL/ETHNI	CITY GRO	UPING			STAFFIN	G	
RACE		Nursing Care	Skilled Under 22	ICF/DE	Shelte Car		Totals	EMPLOYMENT CATEGORY	FULL- EQUIVA	· · · · · · —
Asian		1	0	0		0	1	Administrators		3.00
American Indian		0	0	0		0	0	Physicians		0.00
Black		1	0	0		0	1	Director of Nursing		2.00
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses		20.00
White		160	0	0		0	160	LPN's		19.00
Race Unknown		0	0	0		0	0	Certified Aides		84.00
Total		162	0	0		0	162	Other Health Staff		2.00
								Non-Health Staff		78.00
ETHNICITY		Nursing Care	Skilled Under 22	ICF/DE	Shelte Car		Totals	Totals	2	208.00
Hispanic		1	0	0		0	1			
Non-Hispanic		161	0	0		0	161			
Ethnicity Unknowr	า	0	0	0		0	0			
Total		162	0	0		0	162			
			N	ET REVEN	IUE BY PA	YOR SO	OURCE (Fisc	al Year Data)		
								Charity	Charit	ty Care
Medicare	N	Medicaid	Other Pu	blic Priv	ate Insura	nce	Private Pay	TOTALS Care		as % of
34.4%		26.9%	0.	.1%	3.	3%	35.3%	5 100.0% Expense	Total Ne	t Revenue

440,943

4,697,236

13,293,460

0

0.0%

Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE DATA SU	JMMARY-CA	LENDAR YEAR 2014 LTC	PLANNING AREA	A Douglas	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS Aggressive/Anti-Social	0	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	3	Chronic Alcoholism	0	Neoplasms	2
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	2
FREE STANDING FACILITIES	3	Drug Addiction	0	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	26
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	21
NURSING CARE BEDS ONLY	3	Mental Illness	0	Mental Illness	50
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	6
MULTI LICENCED EACH ITIEC	0	New Melaile	0	Cinculate m. Cuetana	40

#### Non-Mobile Circulatory System **MULTI-LICENSED FACILITIES** 0 19 Public Aid Recipient 0 Respiratory System 7 **FACILITIES REPORTED BY** Under 65 Years Old 0 Digestive System 1 **OWNERSHIP TYPE** Unable to Self-Medicate Genitourinary System Disorders 0 0 **GOVERNMENTAL OWNERSHIP** 0 Ventilator Dependent Skin Disorders 3 0 NON-PROFIT OWNERSHIP Infectious Disease w/ Isolation Musculo-skeletal Disorders 13 FOR PROFIT OWNERSHIP Other Restrictions Injuries and Poisonings 3 3 7 No Restrictions Other Medical Conditions 16 **CONTINUING CARE COMMUNITY** 0 Non-Medical Conditions 0 LIFE CARE FACILITY TOTALS 0 170 **Reported Identified Offenders** 7 **Total Residents Diagnosed with Mental Illness** 84

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	4
Nursing Care	233	233	188	233	170	63	181	231	Residents on 1/1/2013	172
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	180
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	182
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	170
TOTAL BEDS	233	233	188	233	170	63	181	231	_	

	Medi	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,180	7.8%	42,145	49.8%	0	223	14,189	0	61,737	72.4%	72.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5,180	7.8%	42,145	49.8%	0	223	14,189	0	61,737	72.4%	72.4%

		RESIDE	NTS BY A	GE GROUP, S	SEX AND L	EVEL OF CA	RE - DECI	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	12	10	0	0	0	0	0	0	12	10	22
60 to 64	4	9	0	0	0	0	0	0	4	9	13
65 to 74	12	16	0	0	0	0	0	0	12	16	28
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	11	57	0	0	0	0	0	0	11	57	68
TOTALS	50	120	0	0	0	0	0	0	50	120	170

LEVEL			Other		Private	Charity	/		AVERAC	SE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTA	LS	LEVEL OF C			OUBLE
Nursing Care	13	117	0	1	39	0	17	70	Nursing Ca	re	149	132
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	er 22	0	0
ICF/DD		0	0	0	0	0		0	Intermediat	e DD	0	0
Sheltered Care			0	0	0	0		0	Shelter		0	0
TOTALS	13	117	0	1	39	0	17	70				
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING					STAFFING		
		Nursing	Skilled		Shelte				EMPLOYM		FULL-TIN	
RACE		Care	Under 22	ICF/DE	) Car	е	Totals		CATEGO	RY	EQUIVALENT	
Asian		0	0	0		0	0	=	Administrators		3	3.00
American Indian		0	0	0		0	0		Physicians		C	0.00
Black		3	0	0		0	3		Director of Nursing		3.00	
Hawaiian/Pacific	lsl.	0	0	0		0	0		Registered No	urses	10	0.00
White		167	0	0		0	167		LPN's		22	2.00
Race Unknown		0	0	0		0	0	_	Certified Aide			0.00
Total		170	0	0		0	170		Other Health			3.00
									Non-Health S	taff	59	0.00
		Nursing	Skilled		Shelte	red			Totals		165	5.00
ETHNICITY		Care	Under 22	ICF/DE	) Car	e	Totals					
Hispanic		2	0	0		0	2	=				
Non-Hispanic		168	0	0		0	168					
Ethnicity Unknow	n	0	0	0		0	0					
Total		170	0	0		0	170	-				
			ı	NET REVEN	NUE BY PA	AYOR S	OURCE (	(Fiscal Ye	ear Data)			
										Charity	Charity	Care
Medicare	1	Medicaid	Other P	ublic Priv	/ate Insura	nce	Private	Pay	TOTALS	Care	Expense a	s % of
22.3%		51.4%	(	0.0%	5.	.8%	2	0.5%	100.0%	Expense*	Total Net F	Revenue
2,069,815		4,765,732		0	541,5	61	1,898	,458	9,275,566	10,648	0.	1%

LIEAL TH OFFINIOE AREA	004	ADMICCION DECEDIOTIONS		DECIDENTO DV DDIMADV DIA ON	10010
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS Aggressive/Anti-Social	4	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	5	Chronic Alcoholism	4	Neoplasms	4
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	5
FREE STANDING FACILITIES	5	Drug Addiction	4	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	9
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	35
NURSING CARE BEDS ONLY	3	Mental Illness	0	Mental Illness	17
DD CARE BEDS ONLY	2	Non-Ambulatory	0	Developmental Disability	32
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	75
		Public Aid Recipient	0	Respiratory System	18
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	4
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	7
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	5	Skin Disorders	1
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	6
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	15
		No Restrictions	0	Other Medical Conditions	24

Non-Medical Conditions

**TOTALS** 

**Total Residents Diagnosed with Mental Illness** 

8

261

59

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

1

1

1

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/2042	0/
Nursing Care	299	281	247	281	230	69	255	279	Residents on 1/1/2013	25
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	4
Intermediate DD	32	32	32	32	31	1		32	Total Discharges 2013	40
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	26
TOTAL BEDS	331	313	279	313	261	70	255	311	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,415	11.2%	47,929	46.9%	2,914	2,246	21,105	0	84,609	77.3%	82.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			11,566	98.8%	0	0	0	0	11,566	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,415	11.2%	59,495	52.3%	2,914	2,246	21,105	0	96,175	79.4%	84.0%

RESIDENTS BY AGE GROUP. SEX AND LEVEL OF CARE - DECEMBER 31. 2014
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	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	_TERED ´	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	10	5	0	0	10	6	16
45 to 59	5	4	0	0	8	7	0	0	13	11	24
60 to 64	2	10	0	0	0	0	0	0	2	10	12
65 to 74	11	41	0	0	0	1	0	0	11	42	53
75 to 84	17	72	0	0	0	0	0	0	17	72	89
85+	24	43	0	0	0	0	0	0	24	43	67
TOTALS	59	171	0	0	18	13	0	0	77	184	261

_	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF C							
LEVEL			Other		Private	e Char			AVERAG	E DAILY P	AYMENT F	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Car	re 7	TOTALS	LEVEL OF C	ARE	SINGLE	DOUBLE
Nursing Care	27	148	0	30	25	(	0	230	Nursing Car	е	162	143
Skilled Under 22	0	0	0	0	0	(	0	0	Skilled Unde	er 22	0	0
ICF/DD		31	0	0	0	(	0	31	Intermediate	e DD	0	109
Sheltered Care			0	0	0	(	0	0	Shelter		0	0
TOTALS	27	179	0	30	25	(	0	261				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GR	OUPING					STAFFING	<del></del>	
		Nursing	Skilled			Itered			EMPLOYMI	ENT	FULL-	
RACE		Care	Under 2	2 ICF/E	D C	are	Tota	als	CATEGO	RY	EQUIVA	ALENT
Asian		1	0		0	0		1	Administrators			3.50
American Indian		0	0		0	0		0	Physicians		0.00	
Black		0	0		0	0		0	Director of Nu	rsing	3.00	
Hawaiian/Pacific I	sl.	0	0		0	0		0	Registered Nu	Registered Nurses		30.50
White		229	0	3	1	0	2	60	LPN's	LPN's		31.00
Race Unknown		0	0		0	0		0	Certified Aides	5	1	36.00
Total		230	C	3	1	0	2	61	Other Health S	Staff		6.00
									Non-Health St	aff		82.00
		Nursing	Skilled		She	ltered			Totals		2	92.00
ETHNICITY		Care	Under 2	2 ICF/[	DD C	Care	Tot	als				
Hispanic		0	C	1	0	0		0				
Non-Hispanic		184	C	3	1	0	2	15				
Ethnicity Unknow	n	46	C	)	0	0		46				
Total		230	C	3	1	0	2	61				
				NET REVE	NUE BY	PAYOR	SOUF	RCE (Fiscal \	Year Data)			
										Charity	Charit	y Care
Medicare	N	Medicaid	Other F	Public P	rivate Insu	urance	Pr	ivate Pay	TOTALS	Care	Expense	as % of
30.9%		33.7%		0.1%		2.4%		33.0%	100.0%	Expense*	Total Ne	t Revenue
4,605,439		5,025,093	10	0,002	354	4,691	4	1,930,443	14,925,668	5,225		0.0%
*Charity Expense o	loes not inc	clude expens	es which	may be co	nsidered a	a commu	unity b	enefit.				

ILLINOIS LONG-TERM CARE DATA SUM		LENDAN ILAN 2017 LIGITAL	NNING ARE	<b>EA</b> Ford	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	2	Neoplasms	4
HOSPITAL BASED UNITS	1	Developmentally Disabled	0	Endocrine/Metabolic	14
FREE STANDING FACILITIES	6	Drug Addiction	3	Blood Disorders	1
		Medicaid Recipient	1	Nervous System Non Alzheimer	23
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	61
NURSING CARE BEDS ONLY	7	Mental Illness	2	Mental Illness	42
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	1
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	50
		Public Aid Recipient	2	Respiratory System	25
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	6
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	7
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	6	Skin Disorders	5

0

2

**Total Residents Diagnosed with Mental Illness** 

Musculo-skeletal Disorders

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

28

24

15

12

318

104

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

3

0

0

6

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0040	225
Nursing Care	434	424	370	423	318	116	384	327	Residents on 1/1/2013	335
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	783
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	800
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	318
TOTAL BEDS	434	424	370	423	318	116	384	327	_	

# FACILITY UTILIZATION - 2014

Infectious Disease w/ Isolation

Other Restrictions

No Restrictions

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,372	9.5%	60,290	50.4%	0	4,338	46,614	803	125,417	79.0%	80.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13,372	9.5%	60,290	50.4%	0	4,338	46,614	803	125,417	79.0%	80.8%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	LTERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	7	10	0	0	0	0	0	0	7	10	17
60 to 64	3	12	0	0	0	0	0	0	3	12	15
65 to 74	13	24	0	0	0	0	0	0	13	24	37
75 to 84	25	55	0	0	0	0	0	0	25	55	80
85+	34	129	0	0	0	0	0	0	34	129	163
TOTALS	85	233	0	0	0	0	0	0	85	233	318

LEVEL			Other		Private	Chari	tv		AVERAGE [	ΙΔΙΙ Υ ΡΔ	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	•	ALS	LEVEL OF CARE			DOUBLE
Nursing Care	39	142	1	28	107	1	3	18	Nursing Care		207	186
Skilled Under 22	0	0	0	0	0	0	1	0	Skilled Under 22	2	0	0
ICF/DD		0	0	0	0	0		0	Intermediate DE	)	0	0
Sheltered Care			0	0	0	0	ı	0	Shelter		0	0
TOTALS	39	142	1	28	107	1	3	18				
	RESIDE	NTS BY RAC	IAL/ETHN	NICITY GR	OUPING				s	TAFFING		
		Nursing	Skilled		Shelte				EMPLOYMENT		FULL-TI	
RACE		Care	Under 22	2 ICF/D	D Ca	re	Totals		CATEGORY		EQUIVAL	ENT.
Asian		1	0	(	)	0	1	=	Administrators		(	6.00
American Indian		0	0	(	)	0	0		Physicians			0.00
Black		7	0	(	)	0	7		Director of Nursing	9	(	6.00
Hawaiian/Pacific I	sl.	0	0	(	)	0	0		Registered Nurses	3	3	2.00
White		310	0	(	)	0	310		LPN's	LPN's		0.00
Race Unknown		0	0	(	)	0	0		Certified Aides		117.00	
Total		318	0	(	)	0	318		Other Health Staff		3	8.00
									Non-Health Staff		119	9.00
		Nursing	Skilled	0 105/5	Shelte		T-1-1-		Totals		36	8.00
ETHNICITY		Care	Under 22	2 ICF/D	D Ca	re	Totals	_				
Hispanic		4	0	(	)	0	4					
Non-Hispanic		314	0	(	)	0	314					
Ethnicity Unknown	า	0	0	(	)	0	0					
Total		318	0	(	)	0	318	<del>_</del>				
				NET REVE	NUE BY P	AYOR	SOURCE	(Fiscal Ye	ear Data)			
									C	harity	Charity	Care
Medicare	N	Medicaid	Other P		ivate Insura		Private	•	TOTALS	Care	Expense a	
25.9%		34.8%		0.1%	7	.0%	3	32.2%	100.0% E	xpense*	Total Net I	Revenue
6,569,945		8,846,069	32	,141	1,777,	419	8,163	3,557	25,389,131	91,609	0	.8%

ILLINOIS LONG-TERM CARE DATA SU	IMMARY-CA	LENDAR YEAR 2014 LTC PLA	NNING ARE	A Iroquois	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	osis
		Aggressive/Anti-Social	2	DIAGNOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	1	Neoplasms	12
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	13
FREE STANDING FACILITIES	7	Drug Addiction	2	Blood Disorders	47
		Medicaid Recipient	0	Nervous System Non Alzheimer	22
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	81
NURSING CARE BEDS ONLY	6	Mental Illness	3	Mental Illness	5
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	15
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	60
		Public Aid Recipient	2	Respiratory System	14
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	12

Genitourinary System Disorders

Musculo-skeletal Disorders

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

Skin Disorders

**TOTALS** 

13

5

47

23

9

0

378

78

0

7

3

**Total Residents Diagnosed with Mental Illness** 

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

3

4

0

0

6

**OWNERSHIP TYPE** 

LIFE CARE FACILITY

**GOVERNMENTAL OWNERSHIP** 

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	4
Nursing Care	486	477	386	477	364	122	283	383	- Residents on 1/1/2013	374
Skilled Under 22	0	0	0	0	0	0	200	0	Total Admissions 2013	431
Intermediate DD	16	16	14	16	14	2		0	Total Discharges 2013	399
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	406
TOTAL BEDS	502	493	400	493	378	124	283	383	_	

# FACILITY UTILIZATION - 2014

Unable to Self-Medicate

Infectious Disease w/ Isolation

Ventilator Dependent

Other Restrictions

No Restrictions

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi		Medio		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,729	14.2%	60,802	43.4%	2,710	265	62,494	0	141,000	79.3%	80.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,074	#Div/0!	0	0	0	0	5,074	86.6%	86.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14,729	14.2%	65,876	47.0%	2,710	265	62,494	0	146,074	79.5%	81.0%

	NURSING CARE		SKL UNDER 22		INTER	INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	2	1	0	0	5	3	8
45 to 59	8	6	0	0	3	5	0	0	11	11	22
60 to 64	11	6	0	0	0	1	0	0	11	7	18
65 to 74	18	44	0	0	1	0	0	0	19	44	63
75 to 84	33	64	0	0	1	0	0	0	34	64	98
85+	41	128	0	0	0	0	0	0	41	128	169
TOTALS	114	250	0	0	7	7	0	0	121	257	378

5,301,097

8,211,911

214,580

\*Charity Expense does not include expenses which may be considered a community benefit.

LEVEL			Other		Private	Charity		AVERAGE DAIL	Y PAYMEN	T RATES
OF CARE	Medicare	Medicaid		nsurance	Pay	Care	TOTALS	LEVEL OF CARE	SING	_
Nursing Care	29	158	0	1	176	0	364	Nursing Care	18	3 167
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22		0 0
ICF/DD		14	0	0	0	0	14	Intermediate DD	13	134
Sheltered Care			0	0	0	0	0	Shelter		0 0
TOTALS	29	172	0	1	176	0	378			
	RESIDE	NTS BY RAC	IAL/ETHNI	CITY GRO	UPING			STAF	FING	
		Nursing	Skilled		Sheltere			EMPLOYMENT		LL-TIME
RACE		Care	Under 22	ICF/DD	Care	٦	Γotals	CATEGORY	EQU	JIVALENT
Asian		0	0	0	0	)	0	Administrators		5.00
American Indian		0	0	0	0	)	0	Physicians		1.05
Black		0	0	0	0	)	0	Director of Nursing		6.00
Hawaiian/Pacific I	sl.	0	0	0	0	)	0	Registered Nurses		31.10
White		363	0	14	0	)	377	LPN's		50.82
Race Unknown		1	0	0	0	)	1	Certified Aides		151.70
Total		364	0	14	0	)	378	Other Health Staff		36.00
								Non-Health Staff		110.75
		Nursing	Skilled		Sheltere	ed		Totals		392.42
ETHNICITY		Care	Under 22	ICF/DD	Care	-	Totals			
Hispanic		1	0	0	(	)	1			
Non-Hispanic		363	0	14	(	)	377			
Ethnicity Unknow	n	0	0	0	(	)	0			
Total		364	0	14	(	)	378			
			N	ET REVEN	UE BY PA	YOR SC	URCE (Fiscal	Year Data)		
								Chari	ty Cł	narity Care
Medicare	ľ	Medicaid	Other Pu	blic Priv	ate Insuran	ce	Private Pay	TOTALS Care	Expe	ense as % of
21.3%		32.9%	0.	.9%	1.6	%	43.3%	100.0% Exper	nse* Total	Net Revenue

396,724

10,803,618

24,927,930

0

0.0%

ILLINOIS LONG-TERM CARE DATA SUI	VIVIARY-CA	LENDAR YEAR 2014 LTC P	LANNING ARE	EA Livingston	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	4	Neoplasms	6
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	22
FREE STANDING FACILITIES	7	Drug Addiction	4	Blood Disorders	7
		Medicaid Recipient	0	Nervous System Non Alzheimer	34
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	41
NURSING CARE BEDS ONLY	5	Mental Illness	1	Mental Illness	31
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2
MULTI-LICENSED FACILITIES	2	Non-Mobile	0	Circulatory System	111
		Public Aid Recipient	0	Respiratory System	24
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	21
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	16
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	5	Skin Disorders	2
NON-PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	60

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

19

35

21

452

182

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

3

0

0

3

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

. = . = = = = = = =	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	1
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/0042	40
Nursing Care	550	550	438	550	380	170	215	497	Residents on 1/1/2013	42
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	64
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	61
Sheltered Care	163	97	86	97	72	91			Residents on 12/31/2013	45
TOTAL BEDS	713	647	524	647	452	261	215	497	_	

# FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,425	18.3%	66,607	36.6%	0	1,325	52,523	607	135,487	67.3%	67.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	27,374	434	27,808	46.6%	78.3%
TOTALS	14,425	18.3%	66,607	36.6%	0	1,325	79,897	1,041	163,295	62.6%	69.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEM	ECEMBER 31, 2014
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	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEI	LTERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	5	0	0	0	0	1	3	4	8	12
60 to 64	3	6	0	0	0	0	1	0	4	6	10
65 to 74	17	21	0	0	0	0	3	1	20	22	42
75 to 84	45	78	0	0	0	0	4	11	49	89	138
85+	48	153	0	0	0	0	7	41	55	194	249
TOTALS	116	264	0	0	0	0	16	56	132	320	452

LEVEL		Y PAYMENT	Other		Private	Charity	u.		AVED A	GE DAILY PA	AVMENT D	ATEQ
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	•	_S	LEVEL OF C			DOUBLE
Nursing Care	38	172	0	3	165	2	38	0	Nursing Ca	re	210	187
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0
ICF/DD		0	0	0	0	0		0	Intermediat	e DD	0	0
Sheltered Care			0	0	72	0	7.	2	Shelter		82	60
TOTALS	38	172	0	3	237	2	45	2				
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GR	DUPING					STAFFING	ì	
		Nursing	Skilled		Shelte				EMPLOYM		FULL-T	
RACE		Care	Under 2	2 ICF/D	D Ca	re	Totals		CATEGO	RY	EQUIVA	LENT
Asian		0	0	(	)	0	0		Administrators		7.00	
American Indian		0	0	(	)	0	0		Physicians		0.00	
Black		1	0	(	)	0	1		Director of Nursing			7.00
Hawaiian/Pacific I	sl.	0	0	(	)	0	0		Registered Nurses		4	14.12
White		379	0	(	) .	72	451		LPN's		4	6.92
Race Unknown		0	0	(	)	0	0		Certified Aide			9.44
Total		380	0	) (	) .	72	452		Other Health	Staff	9.62	
									Non-Health S	taff	23	32.12
		Nursing	Skilled		Shelte	ered			Totals		54	6.22
ETHNICITY		Care	Under 2	2 ICF/D	D Ca	re	Totals					
Hispanic		0	0	) (	)	0	0					
Non-Hispanic		380	0	) (	)	72	452					
Ethnicity Unknown	า	0	0	) (	)	0	0					
Total		380	0	) (	)	72	452					
				NET REVE	NUE BY P	AYOR S	OURCE (I	Fiscal Yea	r Data)			
										Charity	Charity	Care
Medicare	M	1edicaid	Other F	Public Pr	vate Insura	ance	Private F	Pay	TOTALS	Care	Expense	as % of
22.5%		29.9%		0.0%	1	.9%	45	5.8%	100.0%	Expense*	Total Net	Revenue
6,111,991		8,127,474		0	520,	537	12,461,	090	27,221,092	157,916	C	0.6%
*Charity Expense d	loes not inc	lude expens	es which	may be cor	sidered a	commun	ity hanafit					

#### LTC PLANNING AREA

McLean

TEENTOIO EOITO TEITIN OTTICE DITTITO					
HEALTH SERVICE AREA	004	ADMISSION RESTRICTION Aggressive/Anti-Social		RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS
TOTAL FACILITIES	10	Chronic Alcoholism	4	Neoplasms	18
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	47
FREE STANDING FACILITIES	10	Drug Addiction	4	Blood Disorders	8
		Medicaid Recipient	1	Nervous System Non Alzheimer	48
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	56
NURSING CARE BEDS ONLY	9	Mental Illness	4	Mental Illness	81
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	1
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	153
		Public Aid Recipient	1	Respiratory System	68
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	13
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	35
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	7	Skin Disorders	10
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	67
FOR PROFIT OWNERSHIP	7	Other Restrictions	1	Injuries and Poisonings	51
		No Restrictions	3	Other Medical Conditions	207
CONTINUING CARE COMMUNITY	2			Non-Medical Conditions	5
LIFE CARE FACILITY	2			TOTALS	868
Reported Identified Offenders	23	Total R	esidents Diagnosed v	vith Mental Illness	134

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

1 EVEL 05 04 DE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	004
Nursing Care	1,106	1,072	929	972	867	239	808	823	Residents on 1/1/2013	831
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,849
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	1,812
Sheltered Care	29	3	1	3	1	28			Residents on 12/31/2013	868
TOTAL BEDS	1,135	1,075	930	975	868	267	808	823		

# FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medic		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days (	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	31,803	10.8%	161,668	53.7%	1,146	6,569	106,819	55	308,060	76.1%	78.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	77	0	77	0.7%	7.0%
TOTALS	31,803	10.8%	161,668	53.7%	1,146	6,569	106,896	55	308,137	74.2%	78.3%

### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	0	0	0	0	5	3	8
45 to 59	25	17	0	0	0	0	0	0	25	17	42
60 to 64	16	11	0	0	0	0	0	0	16	11	27
65 to 74	40	64	0	0	0	0	0	0	40	64	104
75 to 84	86	178	0	0	0	0	0	0	86	178	264
85+	91	331	0	0	0	0	1	0	92	331	423
TOTALS	263	604	0	0	0	0	1	0	264	604	868

RES	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF	CARE	<b>.</b>							
LEVEL			Other		Priv	ate (	Charity				AVERA	GE DAILY PA	YMENT R	ATES
OF CARE	Medicare	Medicaid	Public	Insuranc	e Pa	ay	Care	TOT	ALS		LEVEL OF	CARE	SINGLE	DOUBLE
Nursing Care	80	438	1	42	30	16	0		867	<del></del>	Nursing Ca	are	240	191
Skilled Under 22	0	0	0	0		0	0		0		Skilled Un	der 22	0	0
ICF/DD		0	0	0		0	0		0		Intermedia	ite DD	0	0
Sheltered Care			0	0		1	0		1		Shelter		75	75
TOTALS	80	438	1	42	30	7	0		868					
	RESIDE	NTS BY RAC	IAL/ETH	NICITY G	ROUPIN	G						STAFFING		
		Nursing	Skilled		-	heltere					EMPLOYN		FULL-T	
RACE		Care	Under 2	2 ICF/	DD	Care	7	Totals			CATEGO	ORY	EQUIVA	LENT
Asian		2	0		0	0		2	_	_	Administrato	rs		9.00
American Indian		1	0		0	0		1			Physicians		1.00	
Black		39	0		0	0		39			Director of Nursing		1	10.00
Hawaiian/Pacific I	sl.	0	0		0	0		0			Registered Nurses		8	34.00
White		824	0		0	1		825			LPN's		10	01.00
Race Unknown		1	0		0	0		1			Certified Aide	es	34	18.00
Total		867	0	)	0	1		868			Other Health		67.00	
										_	Non-Health S	Staff	25	54.00
		Nursing	Skilled		S	heltere	d				Totals		87	74.00
ETHNICITY		Care	Under 2	2 ICF	/DD	Care	-	Totals						
Hispanic		4	0	)	0	0		4	_					
Non-Hispanic		863	0	)	0	1		864						
Ethnicity Unknown	า	0	0	)	0	0		0						
Total		867	0	)	0	1		868	_					
				NET REV	ENUE B	Y PAY	OR SO	URCE	(Fiscal	Year Da	ta)			
												Charity	Charity	/ Care
Medicare	ľ	Medicaid	Other F	Public F	Private In	nsuranc	е	Privat	e Pay		TOTALS	Care	Expense	as % of
27.0%		30.1%		0.1%		4.29	%		38.6%		100.0%	Expense*	Total Net	Revenue
15,517,021		17,304,366	77	7,325	2,4	413,837	7	22,18	3,970	:	57,496,519	1,302,437	2	2.3%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC PI	ANNING ARE	A Macon	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	18	Chronic Alcoholism	7	Neoplasms	35
HOSPITAL BASED UNITS	1	Developmentally Disabled	2	Endocrine/Metabolic	70
FREE STANDING FACILITIES	17	Drug Addiction	10	Blood Disorders	15
		Medicaid Recipient	1	Nervous System Non Alzheimer	56
FACILITIES LICENSED FOR:		Medicare Recipient	3	Alzheimer Disease	40
NURSING CARE BEDS ONLY	11	Mental Illness	0	Mental Illness	226
DD CARE BEDS ONLY	6	Non-Ambulatory	3	Developmental Disability	57
MULTI-LICENSED FACILITIES	1	Non-Mobile	5	Circulatory System	204
		Public Aid Recipient	0	Respiratory System	66
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	18
OWNERSHIP TYPE		Unable to Self-Medicate	3	Genitourinary System Disorders	37
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	17	Skin Disorders	18
NON-PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	6	Musculo-skeletal Disorders	79
FOR PROFIT OWNERSHIP	13	Other Restrictions	1	Injuries and Poisonings	12

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

92

77

1,102

344

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

No Restrictions

1

0

55

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	
Nursing Care	1,257	1,224	1,117	1,212	1,042	215	1004	1035	Residents on 1/1/2013	1,11
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,99
Intermediate DD	63	62	62	60	56	7		63	Total Discharges 2013	2,00
Sheltered Care	16	16	4	16	4	12			Residents on 12/31/2013	1,10
TOTAL BEDS	1,336	1,302	1,183	1,288	1,102	234	1004	1098	_	

	Mod	icare	Medi	iaaid	Other Public Pay	Private	Private	Charity	TOTAL	Licensed Beds	Peak Beds
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Public Pay Pat. days	Insurance Pat. days	Pay Pat. days	Care Pat. davs	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	54,698	14.9%	222.123	58.6%	3.066	7.579	80.704	n att dayo	368.170	80.0%	82.2%
Skilled Under 22	34,030	14.570	0	0.0%	0,000	7,579	00,704	0	0	0.0%	0.0%
Intermediate DD			21.181	91.9%	0	0	365	0	21.546	93.4%	94.9%
Sheltered Care			,,		0	0	1,460	0	1,460	24.9%	24.9%
TOTALS	54,698	14.9%	243,304	60.5%	3,066	7,579	82,529	0	391,176	80.0%	82.1%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	INDER 22	INTER	MED. DD	SHEI	LTERED	TO	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	32	17	0	0	8	9	0	0	40	26	66		
45 to 59	56	54	0	0	6	11	0	0	62	65	127		
60 to 64	25	38	0	0	4	5	0	0	29	43	72		
65 to 74	73	69	0	0	5	6	0	0	78	75	153		
75 to 84	83	156	0	0	1	1	0	1	84	158	242		
85+	97	342	0	0	0	0	0	3	97	345	442		
TOTALS	366	676	0	0	24	32	0	4	390	712	1,102		

RESI	DENTS B	Y PAYMENT	SOURC	E AND LEVI	EL OF CA	RE				
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	AVERAGE DAILY LEVEL OF CARE	PAYMENT F SINGLE	RATES DOUBLE
Nursing Care	149	623	14	35	221	0	1,042	Nursing Care	190	173
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		54	0	0	2	0	56	Intermediate DD	190	147
Sheltered Care			0	0	4	0	4	Shelter	100	0
TOTALS	149	677	14	35	227	0	1,102			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFFIN	IG	
		Nursing	Skilled		Shelte			EMPLOYMENT	FULL-	
RACE		Care	Under 2	2 ICF/DE	) Car	e	Totals	CATEGORY	EQUIVA	ALENT
Asian		0	C	0		0	0	Administrators		14.75
American Indian		1	C	0		0	1	Physicians		5.00
Black		132	C	6		0	138	Director of Nursing		13.00
Hawaiian/Pacific Is	sl.	0	C	0		0	0	Registered Nurses		66.25
White		907	C	50		4	961	LPN's	1	20.25
Race Unknown		2	C	0		0	2	Certified Aides	4	15.00
Total		1,042	(	) 56		4	1,102	Other Health Staff		38.00
		•					,	Non-Health Staff	3	357.75
ETI IN II OLT) (		Nursing Care	Skilled Under 2		Shelte Cai		Totals	Totals	10	30.00
ETHNICITY					, Oai					
Hispanic		4	(	_		0	4			
Non-Hispanic		1,038	(				1,098			
Ethnicity Unknown	1	0	(	0		0	0			

1,102

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
33.5%	41.2%	0.5%	3.6%	21.3%	100.0%	Expense*	Total Net Revenue	
26,497,344	32,626,535	394,919	2,839,951	16,840,999	79,199,748	0	0.0%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

0

56

1,042

Total

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC	PLANNING ARE	A Moultrie	Moultrie	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS	
		Aggressive/Anti-Social	1	DIAGNOSIS		
TOTAL FACILITIES	6	Chronic Alcoholism	2	Neoplasms	4	
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	16	
FREE STANDING FACILITIES	6	Drug Addiction	2	Blood Disorders	0	
		Medicaid Recipient	1	Nervous System Non Alzheimer	61	
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	23	
NURSING CARE BEDS ONLY	4	Mental Illness	0	Mental Illness	62	
DD CARE BEDS ONLY	2	Non-Ambulatory	3	Developmental Disability	30	
MULTI-LICENSED FACILITIES	0	Non-Mobile	2	Circulatory System	49	
		Public Aid Recipient	0	Respiratory System	10	
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	0	
OWNERSHIP TYPE		Unable to Self-Medicate	2	Genitourinary System Disorders	1	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	5	Skin Disorders	1	
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	11	

3

**Total Residents Diagnosed with Mental Illness** 

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

9

9

0

286

72

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

5

1

0

5

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

Other Restrictions

No Restrictions

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/2042	00-
Nursing Care	361	361	291	361	254	107	311	361	Residents on 1/1/2013	287
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	309
Intermediate DD	32	32	26	32	26	6		32	Total Discharges 2013	310
Sheltered Care	0	48	7	48	6	-6			Residents on 12/31/2013	286
TOTAL BEDS	393	441	324	441	286	107	311	393	_	

# FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Med	licaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,569	11.0%	55,131	41.7%	0	765	28,365	0	96,830	73.3%	73.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			9,337	79.7%	0	0	0	0	9,337	79.7%	79.7%
Sheltered Care					0	0	2,225	0	2,225	0.0%	12.7%
TOTALS	12,569	11.0%	64,468	44.8%	0	765	30,590	0	108,392	75.4%	67.2%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	6	10	0	0	6	13	19
45 to 59	7	10	0	0	2	3	0	0	9	13	22
60 to 64	7	5	0	0	1	3	2	0	10	8	18
65 to 74	12	24	0	0	0	1	0	0	12	25	37
75 to 84	23	47	0	0	0	0	0	0	23	47	70
85+	26	90	0	0	0	0	1	3	27	93	120
TOTALS	75	179	0	0	9	17	3	3	87	199	286

LEVEL			Other		Private	Charity		AVERA	GE DAILY PA	YMENT RA	TES	
OF CARE	Medicare	Medicaid		Insurance	Pay	Care	TOTALS	LEVEL OF (			DOUBLE	
Nursing Care	25	147	0	3	79	0	254	Nursing Ca	re	172	153	
Skilled Under 22	0	0	0	0	0	0	0	Skilled Und	ler 22	0	0	
ICF/DD		26	0	0	0	0	26	Intermedia	te DD	121	124	
Sheltered Care			0	0	6	0	6	Shelter		94	0	
TOTALS	25	173	0	3	85	0	286					
	RESIDEI	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING				STAFFING			
		Nursing	Skilled		Sheltere			EMPLOYM		FULL-TI		
RACE		Care	Under 22	ICF/DE	) Care	•	Totals	CATEGO	PRY	EQUIVAL	ENT	
Asian		0	0	0	C	)	0	Administrator	S		4.50	
American Indian		0	0	0	C	)	0	Physicians			0.00	
Black		5	0	0	C	)	5	Director of Nu	ırsing		4.00	
Hawaiian/Pacific Is	sl.	0	0	0	C	)	0	Registered N	Registered Nurses		10.50	
White		249	0	26	6	6	281	LPN's		3	8.25	
Race Unknown		0	0	0	C	)	0	Certified Aide	s	120.50		
Total		254	0	26	6	6	286	Other Health	Staff	1	1.00	
								Non-Health S	taff	12	8.25	
		Nursing	Skilled		Shelter	ed		Totals		31	7.00	
ETHNICITY		Care	Under 22	! ICF/DE	O Care		Totals					
Hispanic		1	0	1	(	)	2					
Non-Hispanic		253	0	25	(	3	284					
Ethnicity Unknown	1	0	0	0	(	)	0					
Total		254	0	26	(	6	286					
			١	NET REVEN	NUE BY PA	YOR SO	OURCE (Fiscal Y	ear Data)				
									Charity	Charity	Care	
Medicare	ľ	Medicaid	Other Po	ublic Priv	/ate Insuran	ice	Private Pay	TOTALS	Care	Expense a	as % of	
27.0%		41.8%	(	0.0%	2.4	<b>!</b> %	28.7%	100.0%	Expense*	Total Net	Revenue	
5,058,610		7,828,162		0	448,62	22	5,376,187	18,711,581	42,583	0	.2%	

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC PLAN	INING ARE	EA Piatt	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	10SIS
		Aggressive/Anti-Social	0	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	0	Neoplasms	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	9
FREE STANDING FACILITIES	2	Drug Addiction	0	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	5
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	26
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	12
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	17
		Public Aid Recipient	0	Respiratory System	8
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	6
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	2	Skin Disorders	3
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10
FOR PROFIT OWNERSHIP	1	Other Restrictions	1	Injuries and Poisonings	7

Other Medical Conditions

Non-Medical Conditions

TOTALS

4

0

115

16

0

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

3

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	4
Nursing Care	160	160	128	160	115	45	160	160	Residents on 1/1/2013	112
•		100	_	100	_	45	100		Total Admissions 2013	115
Skilled Under 22	0	Ū	0	0	0	Ū		0	Total Discharges 2013	112
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2013	115
Sheltered Care	0	0	0	0	0	0				110
TOTAL BEDS	160	160	128	160	115	45	160	160		

			_	_							
					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medio	caid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,822	6.5%	19,499	33.3%	214	8	18,747	0	42,290	72.2%	72.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,822	6.5%	19,499	33.3%	214	8	18,747	0	42,290	72.2%	72.2%

	NURSIN	IG CARE		NDER 22		RMED. DD		EMBER 31, 20 LTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	16	18	0	0	0	0	0	0	16	18	34
85+	9	52	0	0	0	0	0	0	9	52	61
TOTALS	36	79	0	0	0	0	0	0	36	79	115

	IDENTS B	Y PAYMENT		E AND LEV									
LEVEL			Other		Private		arity		_		GE DAILY PA		
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Ca	are	TOTAL	.S	LEVEL OF C	CARE	SINGLE	DOUBLE
Nursing Care	9	55	0	0	51		0	115	5	Nursing Ca	re	183	162
Skilled Under 22	0	0	0	0	0		0	C	)	Skilled Und	ler 22	0	0
ICF/DD		0	0	0	0		0	C	)	Intermediat	te DD	0	0
Sheltered Care			0	0	0		0	C	)	Shelter		0	0
TOTALS	9	55	0	0	51		0	115	5				
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GR	OUPING						STAFFING	i	
		Nursing	Skilled			tered				EMPLOYM		FULL-	
RACE		Care	Under 2	2 ICF/D	D C	are	7	Totals		CATEGO	PRY	EQUIVA	ALENT
Asian		0	0		0	0		0		Administrator	S		2.00
American Indian		0	0	ı	0	0		0		Physicians			0.00
Black		2	0	ı	0	0		2		Director of Nu	ırsing		2.00
Hawaiian/Pacific I	sl.	0	0	ı	0	0		0		Registered N	urses		11.31
White		113	0	١	0	0		113		LPN's			17.16
Race Unknown		0	0	1	0	0		0		Certified Aide	s		71.50
Total		115	C	)	0	0		115		Other Health	Staff		6.66
										Non-Health S	taff		73.94
		Nursing	Skilled		Shel	Itered				Totals		1	84.57
ETHNICITY		Care	Under 2	2 ICF/E		are	٦	Γotals					
Hispanic		0	C	)	)	0		0					
Non-Hispanic		115	C	)	)	0		115					
Ethnicity Unknown	า	0	C	)	)	0		0					
Total		115	C	)	)	0		115					
				NET REVE	NUE BY	PAYOR	R SO	URCE (F	iscal Year	· Data)			
											Charity	Charit	y Care
Medicare	N	Medicaid	Other F	Public Pi	ivate Insu	rance		Private P	ay	TOTALS	Care	Expense	as % of
12.7%		40.1%		0.0%		0.9%		46	.3%	100.0%	Expense*	Total Ne	t Revenue
863,923		2,733,517		0	62	2,582		3,149,3	390	6,809,412	6,531		0.1%

ILLINOIS LONG-TERM CARE DATA S	SUMMARY-CAI	LENDAR YEAR 2014	LTC PLANNING AREA	A Shelby	
HEALTH SERVICE AREA	004	ADMISSION RESTRICT	ONS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	6
FREE STANDING FACILITIES	3	Drug Addiction	2	Blood Disorders	4
		Medicaid Recipient	0	Nervous System Non Alzheimer	2
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	7

FREE STANDING FACILITIES	3	Drug Addiction	2	Blood Disorders	4	
		Medicaid Recipient	0	Nervous System Non Alzheimer	2	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	7	
NURSING CARE BEDS ONLY	3	Mental Illness	2	Mental Illness	0	
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	47	
		Public Aid Recipient	0	Respiratory System	16	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	8	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	8	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	1	
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	3	
		No Restrictions	0	Other Medical Conditions	41	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	151	
Reported Identified Offenders	1	Total Reside	ents Diagnosed	with Mental Illness	6	

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	4.40
Nursing Care	259	253	165	224	151	108	121	249	Residents on 1/1/2013	143
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	257
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	249
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	151
TOTAL BEDS	259	253	165	224	151	108	121	249	_	

	Medi	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8,084	18.3%	25,181	27.6%	59	318	20,436	0	54,078	57.0%	58.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8,084	18.3%	25,181	27.6%	59	318	20,436	0	54,078	57.0%	58.4%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECI	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	7	15	0	0	0	0	0	0	7	15	22
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	15	59	0	0	0	0	0	0	15	59	74
TOTALS	38	113	0	0	0	0	0	0	38	113	151

LEVEL	DEI 13 D	Y PAYMENT							AVEDAGE DAWN	DAVMENT	DATEC
	Medicare	Medicaid	Other Public	Insurance	Private Pay	Cha Ca	•	TOTALS	AVERAGE DAILY LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	25	70	0	0	56		0	151		164	143
Skilled Under 22	25 0	-	0		96 0		0		Nursing Care Skilled Under 22	0	
ICF/DD	U	0	-	0	_			0		_	0
		0	0 0	0	0		0	0	Intermediate DD	0	0
Sheltered Care				0	0		0	0	Shelter	0	0
TOTALS	25	70	0	0	56		0	151			
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GR	OUPING				STAFFIN	IG	
		Nursing	Skilled		Shelt	tered			EMPLOYMENT	FULL-	
RACE		Care	Under 2	2 ICF/D	D Ca	are	Т	otals	CATEGORY	EQUIV	ALENT
Asian		0	0	(	)	0		0	Administrators		3.00
American Indian		0	0	(	)	0		0	Physicians		0.00
Black		1	0	(	)	0		1	Director of Nursing		3.00
Hawaiian/Pacific Is	sl.	0	0	(	)	0		0	Registered Nurses		5.00
White		150	0	(	)	0		150	LPN's		21.00
Race Unknown		0	0	(	)	0		0	Certified Aides		64.00
Total		151	0	) (	)	0		151	Other Health Staff		6.00
									Non-Health Staff		52.00
		Nursing	Skilled		Shel	tered			Totals	•	154.00
ETHNICITY		Care	Under 2	2 ICF/D	D C	are	Т	otals			
Hispanic		0	0	) (	)	0		0			
Non-Hispanic		151	0	) (	)	0		151			
Ethnicity Unknown	1	0	0	) (	)	0		0			
Total		151	0	) (	)	0		151			
				NET REVE	NUE BY I	PAYOR	R SO	JRCE (Fiscal	l Year Data)		
									Charity	Chari	ity Care
Medicare	ľ	Medicaid	Other F	Public Pr	ivate Insu	rance	1	Private Pay	TOTALS Care		e as % of
34.6%		28.6%		0.2%		1.6%		35.0%	100.0% Expense	•	et Revenue
3,841,007		3,174,805		3,756		,285		3,879,719	11,088,572 2,365		0.0%

ILLINOIS LONG-TERM CARE DATA SU	mmAI(1-0A	LENDAN ILAN 2014 ETCT	PLANNING ARE	A Vermilion	
HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	6	DIAGNOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	3	Neoplasms	12
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	40
FREE STANDING FACILITIES	7	Drug Addiction	3	Blood Disorders	6
		Medicaid Recipient	0	Nervous System Non Alzheimer	27
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	77
NURSING CARE BEDS ONLY	5	Mental Illness	3	Mental Illness	108
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	19
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	105
		Public Aid Recipient	0	Respiratory System	31
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	11
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	18
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	6	Skin Disorders	13
NON-PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	56

0

**Total Residents Diagnosed with Mental Illness** 

Injuries and Poisonings

Other Medical Conditions

192

376

Non-Medical Conditions

**TOTALS** 

14

30

0

567

177

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

16

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

TOTALS

181

328

LEVEL OF OARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	507
Nursing Care	755	719	553	693	509	246	602	747	Residents on 1/1/2013	597
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,293
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2013	1,337
Sheltered Care	64	64	52	64	44	20			Residents on 12/31/2013	553
TOTAL BEDS	835	799	621	773	568	267	602	763	_	

# **FACILITY UTILIZATION - 2014**

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medio		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	29,384	13.3%	111,442	40.8%	1,113	331	47,203	0	189,473	68.6%	72.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,903	83.7%	0	0	0	0	4,903	83.7%	83.7%
Sheltered Care					0	0	17,378	0	17,378	74.2%	74.2%
TOTALS	29,384	13.3%	116,345	41.7%	1,113	331	64,581	0	211,754	69.3%	72.4%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECE	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	NDER 22	INTER	MED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	3	0	0	2	4	0	0	12	7	19
45 to 59	24	16	0	0	1	4	0	0	25	20	45
60 to 64	14	17	0	0	1	2	0	0	15	19	34
65 to 74	38	38	0	0	1	0	0	5	39	43	82
75 to 84	46	84	0	0	0	0	1	6	47	90	137
85+	49	170	0	0	0	0	5	27	54	197	251

10

6

38

Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

0

0

568

LEVEL	DENTO	Y PAYMENT	Other	AND LLVI				AVERAGE DAILY DAYMENT DATES
	Medicare	Medicaid		Insurance	Private Pay	Charity Care	TOTALS	AVERAGE DAILY PAYMENT RATES  LEVEL OF CARE SINGLE DOUBLE
Nursing Care	94	289	3	2	121	0	509	Nursing Care 196 161
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22 0 0
ICF/DD		15	0	0	0	0	15	Intermediate DD 0 113
Sheltered Care			0	0	44	0	44	Shelter 140 125
TOTALS	94	304	3	2	165	0	568	
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING			STAFFING
		Nursing	Skilled		Shelter	ed		EMPLOYMENT FULL-TIME
RACE		Care	Under 22	ICF/DE	) Care	•	Totals	CATEGORY EQUIVALENT
Asian		1	0	0	(	)	1	Administrators 6.25
American Indian		3	0	0	(	)	3	Physicians 0.00
Black		43	0	2	(	)	45	Director of Nursing 6.00
Hawaiian/Pacific I	sl.	0	0	0	(	)	0	Registered Nurses 64.75
White		461	0	13	44	4	518	LPN's 51.26
Race Unknown		1	0	0	(	)	1	Certified Aides 249.40
Total		509	0	15	44	1	568	Other Health Staff 54.80
								Non-Health Staff 140.58
		Nursing	Skilled		Shelter	ed		Totals 573.04
ETHNICITY		Care	Under 22	ICF/DE	) Care	)	Totals	
Hispanic		1	0	0		0	1	
Non-Hispanic		508	0	15	4	4	567	
Ethnicity Unknown	ı	0	0	0		0	0	
Total		509	0	15	4	4	568	
			N	IET REVEN	IUE BY PA	YOR SO	OURCE (Fis	cal Year Data)
								Charity Charity Care
Medicare	1	Medicaid	Other Pu	ublic Priv	ate Insurar	nce	Private Pay	y TOTALS Care Expense as % of
31.1%		38.3%	C	.4%	2.4	1%	27.89	% 100.0% Expense* Total Net Revenue
12,835,767		15,808,724	147,	407	979,50	02	11,472,85	5 41,244,255 0 0.0%

				•	
HEALTH SERVICE AREA	005	ADMISSION RESTRICTION Aggressive/Anti-Social	<b>NS</b> 0	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS
TOTAL FACILITIES	1	Chronic Alcoholism	0	Neoplasms	0
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	15
FREE STANDING FACILITIES	1	Drug Addiction	0	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	0
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	5
NURSING CARE BEDS ONLY	1	Mental Illness	0	Mental Illness	0
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	0
		Public Aid Recipient	0	Respiratory System	15
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	8
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	1	Skin Disorders	0
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0
FOR PROFIT OWNERSHIP	1	Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	13
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	58
Reported Identified Offenders	0	Total Ro	esidents Diagnosed	with Mental Illness	0

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
Nursing Care	83	83	58	83	58	25	83	83	Residents on 1/1/2013 Total Admissions 2013	51 80
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2013	73
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2013	58
Sheltered Care	0	0	0	0	0	0			-	30
TOTAL BEDS	83	83	58	83	58	25	83	83		

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,057	10.1%	16,417	54.0%	128	0	979	68	20,649	68.0%	68.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,057	10.1%	16,417	54.0%	128	0	979	68	20,649	68.0%	68.0%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014 **NURSING CARE** SKL UNDER 22 INTERMED. DD SHELTERED TOTAL **GRAND** Female AGE GROUPS Female Male Female Male Female Male Male Female **TOTAL** Male Under 18 18 to 44 45 to 59 60 to 64 65 to 74 75 to 84 85+

**TOTALS** 

LEVEL			Other		Private	Charity			AVERAC	SE DAILY PA	YMENT RAT	ES
OF CARE	Medicare	Medicaid		Insurance	Pay	Care	TOTALS	S	LEVEL OF C			OUBLE
Nursing Care	7	46	1	0	4	0	58		Nursing Ca	re	110	0
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	er 22	0	0
ICF/DD		0	0	0	0	0	0		Intermediat	e DD	0	0
Sheltered Care			0	0	0	0	0	_	Shelter		0	0
TOTALS	7	46	1	0	4	0	58					
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GROU	JPING					STAFFING		
		Nursing	Skilled		Sheltere				EMPLOYM		FULL-TIM	
RACE		Care	Under 22	ICF/DD	Care		Totals		CATEGO	RY	EQUIVALE	NT
Asian		0	0	0	0		0		Administrators	6	1.	.00
American Indian		0	0	0	0		0		Physicians		2.	.00
Black		29	0	0	0		29		Director of Nu	rsing	1.	.00
Hawaiian/Pacific I	lsl.	0	0	0	0		0		Registered Nu	ırses	5.	.00
White		29	0	0	0		29		LPN's		8.	.00
Race Unknown		0	0	0	0		0		Certified Aide		34.	
Total		58	0	0	0		58		Other Health		7.	.00
									Non-Health S	taff	30.	.00
		Nursing	Skilled		Sheltere	ed			Totals		88.	.00
ETHNICITY		Care	Under 22	ICF/DD	Care	•	Totals					
Hispanic		0	0	0	0	)	0					
Non-Hispanic		58	0	0	0	)	58					
Ethnicity Unknow	n	0	0	0	0	)	0					
Total		58	0	0	0	)	58					
			N	IET REVEN	UE BY PAY	OR SC	OURCE (Fi	iscal Ye	ear Data)			
										Charity	Charity C	Care
Medicare	1	Medicaid	Other Pu	ublic Priva	ate Insuran	ce	Private Pa	ay	TOTALS	Care	Expense as	% of
40.3%		56.1%	0	0.8%	0.0	%	2.8	8%	100.0%	Expense*	Total Net R	evenue
1,509,007		2,101,310	28,	883		0	104,4	83	3,743,683	7,460	0.2	2%

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	2	Neoplasms	1
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	7
FREE STANDING FACILITIES	2	Drug Addiction	2	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	11
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	26
NURSING CARE BEDS ONLY	1	Mental Illness	0	Mental Illness	2
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	16
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	8
		Public Aid Recipient	0	Respiratory System	9
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	0
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	0
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	6
FOR PROFIT OWNERSHIP	1	Other Restrictions	0	Injuries and Poisonings	7

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

0

0

93

46

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

1

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
Nursing Care Skilled Under 22	90	85	85 0	85	77	13 0	34	90 0	Residents on 1/1/2013 Total Admissions 2013	96 63
Intermediate DD Sheltered Care	16 0	16 0	16 0	16	16	0		16	Total Discharges 2013 Residents on 12/31/2013	66 93
TOTAL BEDS	106	101	101	101	93	13	34	106	_	

	Medi	icare	Med	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,140	25.2%	17,404	52.8%	400	132	8,151	0	29,227	88.7%	93.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,840	99.7%	0	0	0	0	5,840	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,140	25.2%	23,244	59.9%	400	132	8,151	0	35,067	90.4%	94.9%

	NURSIN	IG CARE		INDER 22		RMED. DD		E <b>MBER 31, 20</b> LTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	1	2	0	0	4	3	0	0	5	5	10
60 to 64	1	2	0	0	1	0	0	0	2	2	4
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	12	17	0	0	1	0	0	0	13	17	30
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	27	50	0	0	10	6	0	0	37	56	93

_	IDENTS B	Y PAYMENT		E AND LE	_	_							
LEVEL			Other		Priva		Charity		_		SE DAILY PA		_
OF CARE	Medicare	Medicaid	Public	Insurance	e Pa	У	Care	TOTAL	_S	LEVEL OF C	ARE	SINGLE	DOUBLE
Nursing Care	4	52	0	1	20	0	0	77	7	Nursing Ca	re	161	131
Skilled Under 22	0	0	0	0	(	0	0	(	0	Skilled Und	er 22	0	0
ICF/DD		16	0	0	(	0	0	16	6	Intermediat	e DD	133	118
Sheltered Care			0	0	(	0	0	(	0	Shelter		0	0
TOTALS	4	68	0	1	20	0	0	93	3				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GF	ROUPING	G					STAFFING		
		Nursing	Skilled			neltere				EMPLOYM		FULL-T	
RACE		Care	Under 2	2 ICF/I	OD	Care	7	Γotals		CATEGO	RY	EQUIVA	LENT
Asian		0	0		0	0		0	-	Administrators	3		1.25
American Indian		0	0		0	0		0		Physicians			0.00
Black		2	0		0	0		2		Director of Nu	rsing		1.00
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered No	ırses		8.25
White		75	0	•	16	0		91		LPN's			7.00
Race Unknown		0	0		0	0		0		Certified Aide		4	10.00
Total		77	0	•	16	0		93		Other Health			8.00
										Non-Health S	taff	1	19.00
		Nursing	Skilled		Sł	neltere	ed			Totals		8	34.50
ETHNICITY		Care	Under 2	2 ICF/	DD	Care	-	Totals					
Hispanic		0	0		0	0	)	0					
Non-Hispanic		77	0	1	6	0	)	93					
Ethnicity Unknow	n	0	0	1	0	0	)	0					
Total		77	0	1	6	0	)	93					
				NET REV	ENUE B	Y PAY	OR SO	URCE (F	Fiscal Year D	ata)			
											Charity	Charity	/ Care
Medicare	N	Medicaid	Other F	Public F	rivate In	surano	ce	Private P	Pay	TOTALS	Care	Expense	
27.9%		46.3%		1.1%		1.09	%	23	3.7%	100.0%	Expense*	Total Net	Revenue
1,493,000		2,475,531	56	3,369		54,00	0	1,264,8	853	5,343,753	0	(	0.0%

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	0	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	0	Neoplasms	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	5
FREE STANDING FACILITIES	3	Drug Addiction	0	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	36
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	10
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness	6
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	9
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	30
		Public Aid Recipient	0	Respiratory System	4
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	1
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	1
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	0
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
FOR PROFIT OWNERSHIP	3	Other Restrictions	3	Injuries and Poisonings	12
		No Restrictions	0	Other Medical Conditions	0
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	121
Reported Identified Offenders	4	Total Residents	Diagnosed	I with Mental Illness	27

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	D = 1 d = 1 = = 4/4/0040	40
Nursing Care	209	209	128	209	112	97	88	209	Residents on 1/1/2013	128
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	128
Intermediate DD	16	16	9	16	9	7		16	Total Discharges 2013	13
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	121
TOTAL BEDS	225	225	137	225	121	104	88	225	_	

	Medi		Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,989	18.6%	30,801	40.3%	0	100	7,411	0	44,301	57.9%	57.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			2,958	50.5%	0	0	0	0	2,958	50.5%	50.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5,989	18.6%	33,759	41.0%	0	100	7,411	0	47,259	57.4%	57.4%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DEC	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	JNDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	4	0	0	0	0	0	0	1	4	5
45 to 59	3	3	0	0	2	4	0	0	5	7	12
60 to 64	4	1	0	0	2	0	0	0	6	1	7
65 to 74	9	7	0	0	1	0	0	0	10	7	17
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	37	75	0	0	5	4	0	0	42	79	121

LTC PLANNING AREA

RESI	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL	OF CAF	RE						
LEVEL			Other		F	Private	Charity			AVERA	GE DAILY PA	YMENT F	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	е	Pay	Care	TOT	ALS	LEVEL OF	CARE	SINGLE	DOUBLE
Nursing Care	18	74	0	0		20	0	1	12	Nursing C	are	143	125
Skilled Under 22	0	0	0	0		0	0		0	Skilled Un	der 22	0	0
ICF/DD		9	0	0		0	0		9	Intermedia	ate DD	0	97
Sheltered Care			0	0		0	0		0	Shelter		0	0
TOTALS	18	83	0	0		20	0	1	21				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY G	ROUF	PING					STAFFING	i	
		Nursing	Skilled			Shelte				EMPLOY		FULL-	
RACE		Care	Under 2	2 ICF/	DD	Car	е	Totals		CATEG	ORY	EQUIVA	ALENT
Asian		0	0	)	0		0	0	_	Administrato	rs		3.00
American Indian		0	0	)	0		0	0		Physicians			0.00
Black		1	0	)	0		0	1		Director of N	ursing		2.00
Hawaiian/Pacific Is	sl.	0	0	)	0		0	0		Registered N	lurses		14.00
White		111	0	)	9		0	120		LPN's			11.00
Race Unknown		0	0	)	0		0	0		Certified Aid			45.00
Total		112	C	)	9		0	121	<del>_</del>	Other Health	Staff		34.00
										Non-Health	Staff		26.00
		Nursing	Skilled			Shelte	red			Totals		1	35.00
ETHNICITY		Care	Under 2	22 ICF/	'DD	Car	е	Totals					
Hispanic		0	C	)	0		0	0					
Non-Hispanic		112	C	)	9		0	121					
Ethnicity Unknown	า	0	C	)	0		0	0					
Total		112	C	)	9		0	121	_				
				NET REV	ENU	E BY PA	YOR SO	DURCE	(Fiscal Ye	ear Data)	<u> </u>		
											Charity	Chari	ty Care
Medicare	N	/ledicaid	Other F	Public F	Privat	e Insura	nce	Private	Pay	TOTALS	Care	Expense	as % of
37.9%		50.3%		0.0%		0.	9%	,	10.8%	100.0%	Expense*	Total Ne	t Revenue
3,046,496		4,045,902		0		75,7	43	868	3,589	8,036,730	3,555		0.0%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC	PLANNING ARE	A Crawford	
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	3	RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	2	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	6
HOSPITAL BASED UNITS	1	Developmentally Disabled	3	Endocrine/Metabolic	27
FREE STANDING FACILITIES	2	Drug Addiction	3	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	10
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	38
NURSING CARE BEDS ONLY	3	Mental Illness	2	Mental Illness	0
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	15
		Public Aid Recipient	1	Respiratory System	11
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	3
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	2
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	3	Skin Disorders	2

Musculo-skeletal Disorders

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

1

0

**Total Residents Diagnosed with Mental Illness** 

18

2

0

0

0

134

Infectious Disease w/ Isolation

Other Restrictions

No Restrictions

# LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

0

0

0

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

. = . = = = = =	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	1
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/0042	40
Nursing Care	166	160	148	154	134	32	83	123	Residents on 1/1/2013	13
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	19
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	18
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	13
TOTAL BEDS	166	160	148	154	134	32	83	123	_	

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	icare	Medi	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,755	18.9%	21,546	47.9%	0	1,044	20,311	0	48,656	80.1%	83.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5,755	18.9%	21,546	47.9%	0	1,044	20,311	0	48,656	80.1%	83.1%

# RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	16	66	0	0	0	0	0	0	16	66	82
TOTALS	28	106	0	0	0	0	0	0	28	106	134

Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development

RES LEVEL	SIDENTS B	Y PAYMENT	SOURC Other	E AND LE	VEL OF C Private		narity			A\/ED A	GE DAILY PA	VMENT D	ATEC
OF CARE	Medicare	Medicaid	Public	Insurance			Care	TOTALS		LEVEL OF (		SINGLE	DOUBLE
Nursing Care	12	64	0	2	56		0	134		Nursing Ca	are	160	146
Skilled Under 22	0	0	0	0	0		0	0		Skilled Und	der 22	0	0
ICF/DD		0	0	0	0		0	0		Intermedia	te DD	0	0
Sheltered Care			0	0	0		0	0		Shelter		0	0
TOTALS	12	64	0	2	56		0	134					
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GF	OUPING						STAFFING		
		Nursing	Skilled			tered				EMPLOYM		FULL-T	
RACE		Care	Under 22	2 ICF/[	DD C	are	Т	otals		CATEGO	DRY	EQUIVA	LENT
Asian		1	0		0	0		1	· ·	Administrator	'S		3.00
American Indian		0	0		0	0		0		Physicians			1.00
Black		0	0		0	0		0		Director of Nu	ursing		3.00
Hawaiian/Pacific	lsl.	0	0		0	0		0		Registered N	urses		14.07
White		133	0		0	0		133		LPN's			9.74
Race Unknown		0	0		0	0		0		Certified Aide	es		56.93
Total		134	0	)	0	0		134		Other Health	Staff		3.30
										Non-Health S	staff		47.86
ETI INII OLTM		Nursing Care	Skilled Under 2	2 ICF/I		ltered are	т	otals		Totals		1	38.90
ETHNICITY													
Hispanic		0	0		0	0		0					
Non-Hispanic		134	0		0	0		134					
Ethnicity Unknow	n	0	0		0	0		0					
Total		134	0	1	0	0		134					
				NET REV	ENUE BY	PAYO	R SO	JRCE (Fiscal	l Year D	ata)			
											Charity		y Care
Medicare	N	/ledicaid	Other F		rivate Insu			Private Pay		TOTALS	Care	Expense	
30.1%		28.0%		0.0%		0.0%		41.9%		100.0%	Expense*		Revenue
2,521,286		2,342,876		0	3	3,215		3,506,419		8,373,796	0		0.0%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LT	C PLANNING AREA	Edwards/Wabas	sh
HEALTH SERVICE AREA	005	ADMISSION RESTRICTION	ıs	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	0	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	0	Neoplasms	0
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	16
FREE STANDING FACILITIES	2	Drug Addiction	0	Blood Disorders	5
		Medicaid Recipient	0	Nervous System Non Alzheimer	9
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	7
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	18
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	1
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	20
		Public Aid Recipient	0	Respiratory System	14
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	3
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	2
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2
FOR PROFIT OWNERSHIP	1	Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	11

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

0

111

54

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

1

0

1

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanta an 4/4/0040	40
Nursing Care	139	126	116	126	111	28	90	114	Residents on 1/1/2013	10
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	13
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	13
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	11
TOTAL BEDS	139	126	116	126	111	28	90	114	_	

	Medicare		Medicaid		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,878	11.8%	18,693	44.8%	0	381	15,819	296	39,067	76.8%	84.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,878	11.8%	18,693	44.8%	0	381	15,819	296	39,067	76.8%	84.7%

AGE GROUPS	NURSIN	IG CARE	ENTS BY AGE GROUP, S SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	12	28	0	0	0	0	0	0	12	28	40
85+	13	50	0	0	0	0	0	0	13	50	63
TOTALS	29	82	0	0	0	0	0	0	29	82	111

LEVEL			Other		Priv	/ate (	Charity			ΔVFRΔC	SE DAILY PA	YMENT RA	TES	
OF CARE	Medicare	Medicaid	Public	Insurance		ay .	Care	TOTAL	LS	LEVEL OF C			OOUBLE	
Nursing Care	16	55	0	0	4	40	0	11	1	Nursing Ca	re	153	135	
Skilled Under 22	0	0	0	0		0	0	(	0	Skilled Und	er 22	0	0	
ICF/DD		0	0	0		0	0	(	0	Intermediat	e DD	0	0	
Sheltered Care			0	0		0	0	(	0	Shelter		0	0	
TOTALS	16	55	0	0	4	40	0	11	1					
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GF	ROUPIN	IG					STAFFING			
	Nursing Skilled Sheltered									EMPLOYM	FULL-TIME			
RACE		Care	Under 22	2 ICF/I	DD	Care	-	Totals		CATEGO	RY	EQUIVAL	ENT	
Asian		0	0		0	0		0		Administrators		2.00		
American Indian		0	0		0	0		0		Physicians		(	0.00	
Black		0	0		0	0		0		Director of Nu	rsing	2.00		
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered Nurses		12	12.00	
White		111	0		0	0		111		LPN's		13.00		
Race Unknown		0	0		0	0		0		Certified Aides		37.00		
Total		111	0		0	0		111		Other Health			4.00	
										Non-Health S	taff	35	5.00	
ETHNICITY		Nursing Care	Skilled Under 22	2 ICF/		Sheltere Care		Totals		Totals		105	5.00	
Hispanic		0	0		0	0		0						
Non-Hispanic		111	0		0	0		111						
Ethnicity Unknowr	า	0	0		0	0		0						
Total		111	0		0	0		111						
				NET REV	ENUE E	BY PAY	OR SC	URCE (F	Fiscal Year	Data)				
											Charity	Charity	Care	
Medicare	N	Medicaid	Other P	ublic P	rivate Ir	nsuranc	е	Private F	Pay	TOTALS	Care	Expense a	s % of	
33.7%		32.8%		0.0%		0.89	%	32	2.7%	100.0%	Expense*	Total Net F	Revenue	
2,283,153		2,218,196		0		51,787	7	2,214,	252	6,767,388	36,045	0.	5%	

ILLINOIS LONG-TERM CARE DATA SU	MMARY-CA	LENDAR YEAR 2014	LTC PLANNING AREA	Effingham	
HEALTH SERVICE AREA	005	ADMISSION RESTRICT	ONS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	6	DIAGNOSIS	
TOTAL FACILITIES	8	Chronic Alcoholism	5	Neoplasms	1
HOSPITAL BASED UNITS	1	Developmentally Disabled	1	Endocrine/Metabolic	8
FREE STANDING FACILITIES	7	Drug Addiction	5	Blood Disorders	4
		Medicaid Recipient	0	Nervous System Non Alzheimer	14
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	18
NURSING CARE BEDS ONLY	5	Mental Illness	0	Mental Illness	11
DD CARE BEDS ONLY	3	Non-Ambulatory	0	Developmental Disability	49
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	58
		Public Aid Recipient	0	Respiratory System	40
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	9
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	18
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	7	Skin Disorders	2
NON-PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	23
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	18
		No Restrictions	0	Other Medical Conditions	91
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	1			TOTALS	364

2

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	447	399	342	399	318	129	399	417	Residents on 1/1/2013 Total Admissions 2013	349 893
Skilled Under 22 Intermediate DD	0 48	0 48	0 48	0 48	0 46	0 2		0 48	Total Discharges 2013	876
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	366
TOTAL BEDS	495	447	390	447	364	131	399	465		

**Total Residents Diagnosed with Mental Illness** 

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Med Pat. days	icare Occ. Pct.	Med Pat. days	icaid	Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
LEVEL OF CARE	rai. uays	Occ. Pci.	rai. uays	Occ. Pci.	rai. uays	rai. uays	rai. uays	rai. uays	rai. uays	Occ. Fci.	Occ. Pci.
Nursing Care	21,689	14.9%	47,761	31.3%	0	2,228	40,456	0	112,134	68.5%	76.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			16,723	95.2%	0	0	365	0	17,088	97.3%	97.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	21,689	14.9%	64,484	37.9%	0	2,228	40,821	0	129,222	71.3%	79.0%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	<b>EVEL OF CA</b>	RE - DECE	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	11	12	0	0	11	13	24
45 to 59	12	8	0	0	11	6	0	0	23	14	37
60 to 64	8	3	0	0	0	3	0	0	8	6	14
65 to 74	11	20	0	0	1	1	0	0	12	21	33
75 to 84	28	59	0	0	0	1	0	0	28	60	88
85+	35	133	0	0	0	0	0	0	35	133	168
TOTALS	94	224	0	0	23	23	0	0	117	247	364

Registered Nurses

Other Health Staff

Non-Health Staff

**Certified Aides** 

LPN's

Totals

0

0

317

Hawaiian/Pacific Isl.

Race Unknown

White

33.50

40.33

21.00

97.23

406.21

201.00

RE	SIDENTS B'	Y PAYMEN	SOURC	E AND LEVI	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT R	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	83	132	0	1	102	0	318	Nursing Care	172	135
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		45	0	0	1	0	46	Intermediate DD	117	108
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	83	177	0	1	103	0	364			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFF	ING	
		Nursing	Skilled		Shelte	ered		EMPLOYMENT	FULL-1	ГІМЕ
RACE		Care	Under 2	2 ICF/DE	) Car	e -	Γotals	CATEGORY	EQUIVA	ALENT
Asian		0	C	0		0	0	Administrators		8.15
American Indian		0	C	0		0	0	Physicians		0.00
Black		1	C	) 1		0	2	Director of Nursing		5.00

0

0

0

0

362

Total	318	0	46	0	364
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	318	0	46	0	364
Ethnicity Unknown	0	0	0	0	0
Total	318	0	46	0	364

0

0

0

0

45

NET DEVENUE	BY PAYOR SOURCE	(Fiscal Voor Data)
ME I VEACINGE	BI FAION SOUNCE	iristai itai Dalai

						Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
40.7%	29.7%	0.1%	3.2%	26.4%	100.0%	Expense*	Total Net Revenue
9,916,656	7,251,448	19,024	776,625	6,431,152	24,394,905	2,181	0.0%

 $<sup>^{\</sup>star}$ Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING AREA	A Fayette		
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	2	DIAGNOSIS		
TOTAL FACILITIES	3	Chronic Alcoholism	0	Neoplasms	2	
HOSPITAL BASED UNITS	1	Developmentally Disabled	2	Endocrine/Metabolic	11	
FREE STANDING FACILITIES	2	Drug Addiction	2	Blood Disorders	1	
		Medicaid Recipient	0	Nervous System Non Alzheimer	10	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	41	
NURSING CARE BEDS ONLY	3	Mental Illness	2	Mental Illness	9	
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	4	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	35	
		Public Aid Recipient	1	Respiratory System	6	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3	
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	3	Skin Disorders	1	
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6	
FOR PROFIT OWNERSHIP	2	Other Restrictions	1	Injuries and Poisonings	7	
		No Restrictions	0	Other Medical Conditions	6	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0	

TOTALS

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

4

LIFE CARE FACILITY

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	ŀ
LEVEL OF CARE	DEDO	3E1-UP	USED	3E1-0P	IN USE	DEDO	CERTIFIED	CERTIFIED	Residents on 1/1/2013	154
Nursing Care	261	261	172	259	142	119	186	236		_
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	109
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	121
	0	0	0	0	0	0		U	Residents on 12/31/2013	142
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	261	261	172	259	142	119	186	236	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,280	6.3%	35,801	41.4%	0	117	16,693	0	56,891	59.6%	59.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4,280	6.3%	35,801	41.4%	0	117	16,693	0	56,891	59.6%	59.6%

	NURSIN	IG CARE		INDER 22		RMED. DD		E <b>MBER 31, 20</b> LTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	13	8	0	0	0	0	0	0	13	8	21
75 to 84	10	24	0	0	0	0	0	0	10	24	34
85+	13	60	0	0	0	0	0	0	13	60	73
TOTALS	40	102	0	0	0	0	0	0	40	102	142

142

_	IDENTS B	Y PAYMENT		E AND LE									
LEVEL			Other		Private		Charity				GE DAILY PA		_
OF CARE	Medicare	Medicaid	Public	Insurance	Pay		Care	TOTALS	3	LEVEL OF C	CARE	SINGLE	DOUBLE
Nursing Care	12	94	0	0	36		0	142		Nursing Ca	re	169	150
Skilled Under 22	0	0	0	0	0		0	0		Skilled Und	ler 22	0	0
ICF/DD		0	0	0	0		0	0		Intermediat	te DD	0	0
Sheltered Care			0	0	0		0	0	_	Shelter		0	0
TOTALS	12	94	0	0	36		0	142					
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING						STAFFING	i	
		Nursing	Skilled			Itered				EMPLOYM		FULL-	TIME
RACE		Care	Under 22	2 ICF/E	D C	are	Т	otals		CATEGO	PRY	EQUIV	ALENT
Asian		0	0		0	0		0		Administrator	S		3.00
American Indian		0	0		0	0		0		Physicians			0.00
Black		1	0		0	0		1		Director of Nu	ırsing		3.00
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered N	urses		9.33
White		141	0		0	0		141		LPN's			21.24
Race Unknown		0	0		0	0		0		Certified Aide	s	64.8	
Total		142	0		0	0		142		Other Health	Staff		31.40
										Non-Health S	taff		27.43
		Nursing	Skilled		She	ltered	b			Totals		1	160.20
ETHNICITY		Care	Under 2	2 ICF/[	D C	Care	1	Γotals					
Hispanic		41	0		)	0		41					
Non-Hispanic		101	0		)	0		101					
Ethnicity Unknown	า	0	0		)	0		0					
Total		142	0	l	)	0		142					
				NET REVE	NUE BY	PAY	OR SO	URCE (Fi	scal Yea	r Data)			
											Charity	Chari	ty Care
Medicare	N	Medicaid	Other P	Public P	ivate Insu	ıranc	е	Private Pa	ay	TOTALS	Care		as % of
21.0%		54.7%		0.0%		1.2%		23.0	•	100.0%	Expense*	•	et Revenue
2,076,171		5,394,116		0	123	3,011		2,273,0	79	9,866,377	2,602		0.0%

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	IOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	6	Chronic Alcoholism	2	Neoplasms	7
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	14
FREE STANDING FACILITIES	6	Drug Addiction	4	Blood Disorders	3
		Medicaid Recipient	0	Nervous System Non Alzheimer	14
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	87
NURSING CARE BEDS ONLY	5	Mental Illness	2	Mental Illness	13
DD CARE BEDS ONLY	1	Non-Ambulatory	1	Developmental Disability	15
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	27
		Public Aid Recipient	0	Respiratory System	23
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	3
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	16
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	5	Skin Disorders	1
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	32
FOR PROFIT OWNERSHIP	6	Other Restrictions	2	Injuries and Poisonings	10

0

**Total Residents Diagnosed with Mental Illness** 

Other Medical Conditions

Non-Medical Conditions

TOTALS

10

0

275

58

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

5

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care Skilled Under 22	383 0	378 0	302	373	253 0	130	186	365 0	<ul> <li>Residents on 1/1/2013</li> <li>Total Admissions 2013</li> <li>Total Discharges 2013</li> </ul>	261 355 313
Intermediate DD Sheltered Care	16 0	16 0	13 0	16 0	13 0	3 0		16	Residents on 12/31/2013	303
TOTAL BEDS	399	394	315	389	266	133	186	381	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,509	21.3%	55,620	41.6%	487	686	22,412	0	93,714	66.9%	67.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,745	81.0%	0	0	0	0	4,745	81.0%	81.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14,509	21.3%	60,365	43.3%	487	686	22,412	0	98,459	67.4%	68.3%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECE	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	2	1	0	0	3	2	5
45 to 59	6	7	0	0	6	1	0	0	12	8	20
60 to 64	11	12	0	0	0	0	0	0	11	12	23
65 to 74	25	31	0	0	0	3	0	0	25	34	59
75 to 84	20	43	0	0	0	0	0	0	20	43	63
85+	21	75	0	0	0	0	0	0	21	75	96
TOTALS	84	169	0	0	8	5	0	0	92	174	266

LEVEL			Other		Private	Chai	ritv		AVERAG	E DAILY PA	YMENT F	RATES
OF CARE	Medicare	Medicaid		Insurance	Pay	Car	•	TOTALS	LEVEL OF C		SINGLE	DOUBLE
Nursing Care	38	147	0	4	64	(	0	253	Nursing Car	е	128	119
Skilled Under 22	0	0	0	0	0	(	0	0	Skilled Unde	er 22	0	0
ICF/DD		13	0	0	0	(	0	13	Intermediate	e DD	0	103
Sheltered Care			0	0	0	(	0	0	Shelter		0	0
TOTALS	38	160	0	4	64	(	0	266				
	RESIDE	NTS BY RAC	IAL/ETHN	NICITY GR	OUPING					STAFFING	i	
RACE		Nursing Care	Skilled Under 22	2 ICF/D	Shelt D Ca	ered are	To	tals	EMPLOYMI CATEGO		FULL- EQUIV	
Asian		0	0		)	0		0	Administrators	<u> </u>		6.00
American Indian		0	0		)	0		0	Physicians			0.00
Black		2	0		1	0		3	Director of Nu	rsing		5.00
Hawaiian/Pacific I	sl.	0	0	(	)	0		0	Registered Nurses			21.25
White		251	0	1:	2	0		263	LPN's			36.40
Race Unknown		0	0	(	)	0		0	Certified Aides	3	118.0	
Total		253	0	1;	3	0		266	Other Health St Non-Health St			4.00 89.00
ETHNICITY		Nursing Care	Skilled Under 22	2 ICF/D	Sheli DD Ca	tered are	To	otals	Totals		2	279.65
Hispanic		0	0	(	)	0		0				
Non-Hispanic		253	0	13	3	0		266				
Ethnicity Unknown	า	0	0	(	)	0		0				
Total		253	0	13	3	0		266				
				NET REVE	NUE BY F	PAYOR	sou	IRCE (Fiscal Y	'ear Data)			
										Charity	Chari	ty Care
Medicare	ľ	Medicaid	Other P	ublic Pr	ivate Insui	rance	F	rivate Pay	TOTALS	Care	Expense	as % of
37.4%		39.6%	(	0.8%		3.3%		18.9%	100.0%	Expense*	Total Ne	et Revenue
6,150,886		6,509,870	128	,720	550	,991		3,108,460	16,448,927	538		0.0%

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	2	DIAGNOSIS	
TOTAL FACILITIES	9	Chronic Alcoholism	1	Neoplasms	18
HOSPITAL BASED UNITS	2	Developmentally Disabled	2	Endocrine/Metabolic	68
FREE STANDING FACILITIES	7	Drug Addiction	2	Blood Disorders	13
		Medicaid Recipient	0	Nervous System Non Alzheimer	31
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	103
NURSING CARE BEDS ONLY	8	Mental Illness	1	Mental Illness	44
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	27
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	70
		Public Aid Recipient	0	Respiratory System	41
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	6
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	16
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	7	Skin Disorders	5
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	33
FOR PROFIT OWNERSHIP	9	Other Restrictions	2	Injuries and Poisonings	2
		No Restrictions	0	Other Medical Conditions	18
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	1
LIFE CARE FACILITY	3			TOTALS	496
Reported Identified Offenders	7	Total Residents	Diagnosed	with Mental Illness	92

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	<b>540</b>
Nursing Care	606	590	522	590	470	136	337	594	Residents on 1/1/2013	518
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	764
Intermediate DD	35	35	35	35	26	9		35	Total Discharges 2013	786
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	496
TOTAL BEDS	641	625	557	625	496	145	337	629	_	

### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17,222	14.0%	97,893	45.0%	753	994	40,701	28	157,591	71.1%	73.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			11,244	87.8%	0	0	31	0	11,275	88.0%	88.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17,222	14.0%	109,137	47.4%	753	994	40,732	28	168,866	72.0%	73.8%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	8	2	0	0	11	4	15
45 to 59	20	11	0	0	5	2	0	0	25	13	38
60 to 64	8	11	0	0	0	1	0	0	8	12	20
65 to 74	29	44	0	0	4	4	0	0	33	48	81
75 to 84	44	101	0	0	0	0	0	0	44	101	145
85+	44	153	0	0	0	0	0	0	44	153	197
TOTALS	148	322	0	0	17	9	0	0	165	331	496

LEVEL			Other		Privat	e C	harity			AVERAC	E DAILY P	AYMENT F	RATES
	Medicare	Medicaid	Public	Insurance			Care	TOTAL	_S	LEVEL OF C		SINGLE	DOUBLE
Nursing Care	48	309	5	11	96		1	47	0	Nursing Ca	re	127	173
Skilled Under 22	0	0	0	0	0		0		0	Skilled Und	er 22	0	0
ICF/DD		26	0	0	0		0	2	6	Intermediat	e DD	142	142
Sheltered Care			0	0	0		0		0	Shelter		0	0
TOTALS	48	335	5	11	96		1	49	6				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING	i					STAFFING	 }	
		Nursing	Skilled			eltered	-	<del>.</del>		EMPLOYM		FULL-	
RACE		Care	Under 22	2 ICF/[	טט (	Care		Totals		CATEGO	RY	EQUIV	ALENI
Asian		0	0		0	0		0		Administrators	5		8.10
American Indian		1	0		0	0		1		Physicians			0.05
Black		14	0		6	0		20		Director of Nu	rsing		8.50
Hawaiian/Pacific Is	sl.	0	0		0	0		0		Registered No	ırses		35.80
White		454	0	2	0	0		474		LPN's			64.10
Race Unknown		1	0		0	0		1		Certified Aide	s	2	221.20
Total		470	0	2	:6	0		496		Other Health	Staff		21.50
										Non-Health S	taff	1	179.90
		Nursing	Skilled		She	eltered	d			Totals		5	539.15
ETHNICITY		Care	Under 2	2 ICF/I	DD (	Care		Totals					
Hispanic		3	0		3	0		6					
Non-Hispanic		466	0	2	3	0		489					
Ethnicity Unknown	1	1	0		0	0		1					
Total		470	0	2	6	0		496					
				NET REVI	NUE BY	PAY	OR SC	DURCE (I	Fiscal Ye	ear Data)			
											Charity		ty Care
Medicare	N	Medicaid	Other P	ublic P	rivate Ins	uranc	е	Private I	Pay	TOTALS	Care	Expense	e as % of
22.4%		49.4%		1.0%		2.5%	o O	24	1.8%	100.0%	Expense*	Total Ne	et Revenue
5,575,517		12,278,950	236	,508	61	0,303		6,178,	430	24,879,708	532		0.0%

LIEAL TH GERMOE AREA	005	ADMICCION DECEDIOTIONS		DECIDENTO DV DDIMARY DIA CA	10010
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS Aggressive/Anti-Social	0	RESIDENTS BY PRIMARY DIAGNOSIS	10515
TOTAL FACILITIES	2	Chronic Alcoholism	0	Neoplasms	0
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	4
FREE STANDING FACILITIES	2	Drug Addiction	0	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	2
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	28
NURSING CARE BEDS ONLY	1	Mental Illness	0	Mental Illness	0
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	11
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	3
		Public Aid Recipient	0	Respiratory System	10
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	0
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	3
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0

# LIFE CARE FACILITY 0 Reported Identified Offenders 2

2

0

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

Total Residents Diagnosed with Mental Illness

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

TOTALS

2

0

0

63

1

2

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Other Restrictions

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
Nursing Care	62	62	53	62	53	9	62	62	Residents on 1/1/2013 Total Admissions 2013	56 37
Skilled Under 22 Intermediate DD	0 16	0 16	0 11	0 16	0 10	0 6		0 16	Total Discharges 2013	30
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	63
TOTAL BEDS	78	78	64	78	63	15	62	78		

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Med	licaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2,213	9.8%	12,879	56.8%	0	46	1,889	0	17,027	75.0%	75.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			3,654	62.4%	0	0	0	0	3,654	62.4%	62.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2,213	9.8%	16,533	57.9%	0	46	1,889	0	20,681	72.4%	72.4%

RESIDENTS BY AGE GROUP. SEX AND LEVEL OF CARE - DECEMBER 31. 2014
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	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	_TERED ´	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	3	0	0	1	2	0	0	1	5	6
60 to 64	0	2	0	0	1	0	0	0	1	2	3
65 to 74	8	2	0	0	2	1	0	0	10	3	13
75 to 84	5	16	0	0	1	0	0	0	6	16	22
85+	7	10	0	0	0	0	0	0	7	10	17
TOTALS	20	33	0	0	6	4	0	0	26	37	63

LEVEL		Y PAYMENT	Other	<b></b>	Private	Chari	hv		AVED A	GE DAILY PA	VMENT	ATEC
	Medicare	Medicaid	Public	Insurance	Pay	Care	-	TALS	LEVEL OF (		SINGLE	DOUBLE
Nursing Care	9	40	0	0	4	0		53	Nursing Ca	re	115	110
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0
ICF/DD		10	0	0	0	0		10	Intermediat	te DD	0	104
Sheltered Care			0	0	0	0		0	Shelter		0	0
TOTALS	9	50	0	0	4	0		63				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GR	OUPING					STAFFING	i	
RACE		Nursing Care	Skilled Under 2	2 ICF/D	Shelte D Car		Totals		EMPLOYM CATEGO		FULL- EQUIV	
Asian		0	0		) O	0	0		Administrator	s		2.00
American Indian		0	0		0	0	0		Physicians	0		0.00
Black		0	0		1	0	1		Director of Nu	ırsina		1.00
Hawaiian/Pacific Is	sl.	0	0		)	0	0		Registered N	ū		5.00
White		53	0		9	0	62		LPN's			7.00
Race Unknown		0	0		0	0	0		Certified Aide	s		22.00
Total		53	0	1	0	0	63		Other Health	Staff		7.00
									Non-Health S	taff		18.00
		Nursing	Skilled		Shelte				Totals			62.00
ETHNICITY		Care	Under 2	2 ICF/E	D Ca	re	Totals	<u> </u>				
Hispanic		0	0	(	)	0	0					
Non-Hispanic		53	0	10	)	0	63					
Ethnicity Unknown	า	0	0	(	)	0	0					
Total		53	0	10	)	0	63					
				NET REVE	NUE BY P	AYOR S	OURC	E (Fiscal Ye	ear Data)			
										Charity	Chari	ty Care
Medicare	N	/ledicaid	Other F	Public Pr	ivate Insura	ance	Priva	te Pay	TOTALS	Care	Expense	as % of
30.7%		61.5%		0.0%	1	.2%		6.6%	100.0%	Expense*	Total Ne	t Revenue
954,166		1,913,008		0	37,	160	2	06,721	3,111,055	4,238		0.1%

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS Aggressive/Anti-Social	3	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	4	Chronic Alcoholism	2	Neoplasms	4
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	23
FREE STANDING FACILITIES	4	Drug Addiction	2	Blood Disorders	22
		Medicaid Recipient	0	Nervous System Non Alzheimer	23
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	26
NURSING CARE BEDS ONLY	3	Mental Illness	1	Mental Illness	0
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	15
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	41
		Public Aid Recipient	1	Respiratory System	16
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	12
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	12
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	4	Skin Disorders	4
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	6
FOR PROFIT OWNERSHIP	4	Other Restrictions	0	Injuries and Poisonings	4
		No Restrictions	0	Other Medical Conditions	14
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	2			TOTALS	222
Reported Identified Offenders	8	Total Residents	Diagnose	d with Mental Illness	7

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
Nursing Care Skilled Under 22	369 0	353 0	287 0	353 0	215 0	154 0	131	131 0	Residents on 1/1/2013 Total Admissions 2013 Total Discharges 2013	132 325 235
Intermediate DD Sheltered Care	16 0	16 0	12 0	16 0	7 0	9		0	Residents on 12/31/2013	222
TOTAL BEDS	385	369	299	369	222	163	131	131		

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	caid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,843	12.2%	32,604	68.0%	514	1,574	9,968	0	50,503	37.4%	39.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,164	#Div/0!	0	0	0	0	4,164	71.1%	71.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5,843	12.2%	36,768	76.7%	514	1,574	9,968	0	54,667	38.8%	40.5%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	3	1	0	0	5	1	6
45 to 59	8	8	0	0	2	1	0	0	10	9	19
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	9	21	0	0	0	0	0	0	9	21	30
75 to 84	24	39	0	0	0	0	0	0	24	39	63
85+	20	70	0	0	0	0	0	0	20	70	90
TOTALS	72	143	0	0	5	2	0	0	77	145	222

47.5%

3,835,184

0.4%

29,000

\*Charity Expense does not include expenses which may be considered a community benefit.

29.0%

2,338,452

	IDENTS B	Y PAYMEN		AND LEVE								
LEVEL			Other		Private	Charity				SE DAILY F		
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTAL	.S	LEVEL OF C	ARE	SINGLE	DOUBLE
Nursing Care	40	124	3	3	45	0	215	5	Nursing Ca	re	187	156
Skilled Under 22	0	0	0	0	0	0	(	0	Skilled Und	er 22	0	0
ICF/DD		7	0	0	0	0	7	7	Intermediat	e DD	0	108
Sheltered Care			0	0	0	0	(	0	Shelter		0	0
TOTALS	40	131	3	3	45	0	222	2				
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING					STAFFIN	G	
		Nursing	Skilled		Shelte				EMPLOYM		FULL-	
RACE		Care	Under 22	ICF/DD	) Car	е	Totals		CATEGO	RY	EQUIVA	LENT
Asian		0	0	0		0	0		Administrators	S		3.00
American Indian		0	0	0		0	0		Physicians			1.00
Black		18	0	2		0	20		Director of Nu	rsing		3.00
Hawaiian/Pacific I	sl.	1	0	0		0	1		Registered Nu	ırses		24.00
White		195	0	5		0	200		LPN's			19.00
Race Unknown		1	0	0		0	1		Certified Aides	S		95.00
Total		215	0	7		0	222		Other Health	Staff		13.00
									Non-Health St	taff		78.00
		Nursing	Skilled		Shelte	red			Totals		2	36.00
ETHNICITY		Care	Under 22	ICF/DE			Totals					
Hispanic		3	0	0		0	3					
Non-Hispanic		212	0	7		0	219					
Ethnicity Unknown	n	0	0	0		0	0					
Total		215	0	7		0	222					
			١	NET REVEN	IUE BY PA	AYOR SO	OURCE (F	iscal Ye	ar Data)			
										Charity	Charit	y Care
Medicare	N	/ledicaid	Other P	ublic Priv	ate Insura	nce	Private F	Pay	TOTALS	Care	Expense	as % of

8.5%

688,105

14.6%

1,175,984

100.0%

8,066,725

Expense\*

0

Total Net Revenue

0.0%

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS Aggressive/Anti-Social	0	RESIDENTS BY PRIMARY DIAGN DIAGNOSIS	osis
TOTAL FACILITIES	1	Chronic Alcoholism	0	Neoplasms	2
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	2
FREE STANDING FACILITIES	1	Drug Addiction	0	Blood Disorders	1
THEE CHARGING PACIENTES	•	Medicaid Recipient	0	Nervous System Non Alzheimer	2
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	3
NURSING CARE BEDS ONLY	1	Mental Illness	0	Mental Illness	0
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	7
		Public Aid Recipient	0	Respiratory System	4
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	2
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	1	Skin Disorders	1
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
FOR PROFIT OWNERSHIP	1	Other Restrictions	0	Injuries and Poisonings	7
		No Restrictions	0	Other Medical Conditions	1
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	37
Reported Identified Offenders	4	Total Residents	Diagnose	d with Mental Illness	13

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
Nursing Care Skilled Under 22	57 0	57 0	40 0	57 0	37 0	20 0	16	57 0	Residents on 1/1/2013 Total Admissions 2013	34 43
Intermediate DD Sheltered Care	0	0	0	0	0	0		0	Total Discharges 2013 Residents on 12/31/2013	40 37
TOTAL BEDS	57	57	40	57	37	20	16	57	-	

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1,628	27.8%	6,503	31.2%	0	0	5,009	0	13,140	63.0%	63.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1,628	27.8%	6,503	31.2%	0	0	5,009	0	13,140	63.0%	63.0%

	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	8	29	0	0	0	0	0	0	8	29	37

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL			Other		Private	Charity			AVERAGE DAILY	PAYMENT RA	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS		LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	2	18	0	0	17	0	37		Nursing Care	150	135
Skilled Under 22	0	0	0	0	0	0	0		Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0		Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	_	Shelter	0	0
TOTALS	2	18	0	0	17	0	37				
	RESIDEN	ITS BY RAC	IAL/ETHI	NICITY GRO	JPING				STAFFI	NG	
		Nursing	Skilled		Shelter	red			<b>EMPLOYMENT</b>	FULL-TI	ME
RACE		Care	Under 22	2 ICF/DD	Care	e 7	Γotals		CATEGORY	EQUIVAI	LENT
Asian		0	0	0		0	0	_	Administrators		1.00
American Indian		0	0	0		0	0		Physicians		0.00
Black		0	0	0		0	0		Director of Nursing		1.00
Hawaiian/Pacific I	sl.	0	0	0		0	0		Registered Nurses		3.00
White		37	0	0		0	37		LPN's		4.00
Race Unknown		0	0	0		0	0		Certified Aides	1	0.00
Total		37	0	0		0	37		Other Health Staff		0.00
								_	Non-Health Staff	1	2.00
		Nursing	Skilled		Shelte	red			Totals	3	1.00
ETHNICITY		Care	Under 2	2 ICF/DD	Car	е -	Totals				
Hispanic		0	0	0		0	0				
Non-Hispanic		37	0	0		0	37				
Ethnicity Unknown	า	0	0	0		0	0				
Total		37	0	0		0	37				

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
32.5%	37.9%	0.0%	0.0%	29.6%	100.0%	Expense*	Total Net Revenue	
611,641	713,696	0	0	556,388	1,881,725	0	0.0%	

 $<sup>^{\</sup>star}$ Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA	SUMMARY-CALEND	AR YEAR 2014	LTC PLANNING AREA	Jefferson

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOS		
		Aggressive/Anti-Social	1	DIAGNOSIS		
TOTAL FACILITIES	5	Chronic Alcoholism	2	Neoplasms	5	
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	21	
FREE STANDING FACILITIES	5	Drug Addiction	1	Blood Disorders	0	
		Medicaid Recipient	0	Nervous System Non Alzheimer	29	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	90	
NURSING CARE BEDS ONLY	4	Mental Illness	1	Mental Illness	12	
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	16	
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	29	
		Public Aid Recipient	0	Respiratory System	18	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	6	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	7	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	1	
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	14	
FOR PROFIT OWNERSHIP	5	Other Restrictions	2	Injuries and Poisonings	3	
		No Restrictions	1	Other Medical Conditions	25	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	276	
Reported Identified Offenders	6	Total Residents	s Diagnosed	with Mental Illness	89	

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	336	336	286	336	261	75	116	336	Residents on 1/1/2013	274
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	486
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2013	484
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	276
TOTAL BEDS	352	352	301	352	276	76	116	352	<del>-</del>	

#### FACILITY UTILIZATION - 2014

# BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE Other Private Private Charity Medicaid Public Pay Insurance Pay Care TOTAL

	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,495	31.8%	62,372	50.7%	3,932	652	14,217	0	94,668	77.0%	77.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,368	91.7%	0	0	0	0	5,368	91.7%	91.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13,495	31.8%	67,740	52.6%	3,932	652	14,217	0	100,036	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014
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	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	_TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	3	0	0	0	5	0	5
45 to 59	6	5	0	0	4	1	0	0	10	6	16
60 to 64	7	6	0	0	2	2	0	0	9	8	17
65 to 74	27	22	0	0	1	2	0	0	28	24	52
75 to 84	29	40	0	0	0	0	0	0	29	40	69
85+	25	92	0	0	0	0	0	0	25	92	117
TOTALS	96	165	0	0	10	5	0	0	106	170	276

Licensed Peak Beds

LEVEL			Other		Private	Char	rity		AVERA	GE DAILY PA	YMENT RA	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Car	e ·	TOTALS	LEVEL OF (	CARE	SINGLE I	DOUBLE
Nursing Care	36	174	10	1	40	(	0	261	Nursing Ca	are	159	138
Skilled Under 22	0	0	0	0	0	(	0	0	Skilled Und	der 22	0	0
ICF/DD		15	0	0	0	(	0	15	Intermedia	te DD	112	111
Sheltered Care			0	0	0	(	0	0	Shelter		0	0
TOTALS	36	189	10	1	40	(	0	276				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING					STAFFING		
		Nursing	Skilled			tered			EMPLOYM		FULL-TI	
RACE		Care	Under 2	2 ICF/E	D C	are	Tot	als	CATEGO	DRY	EQUIVAL	LENT
Asian		0	0		0	0		0	Administrator	s		4.25
American Indian		0	0		0	0		0	Physicians			0.00
Black		19	0		3	0		22	Director of No	ursing		4.00
Hawaiian/Pacific I	sl.	0	0		0	0		0	Registered N	urses	2	4.25
White		242	0	1	2	0	2	54	LPN's		3	1.00
Race Unknown		0	0		0	0		0	Certified Aides		127.00	
Total		261	0	1	5	0	2	76	Other Health		12	2.00
									Non-Health S	staff	80	0.00
		Nursing	Skilled		Shel	Itered			Totals		28:	2.50
ETHNICITY		Care	Under 2	2 ICF/[	DD C	are	Tot	als				
Hispanic		2	0		0	0		2				
Non-Hispanic		259	0	1	5	0	2	74				
Ethnicity Unknown	า	0	0		0	0		0				
Total		261	0	1	5	0	2	76				
				NET REVE	NUE BY	PAYOR	sou	RCE (Fiscal \	(ear Data)			
										Charity	Charity	Care
Medicare	N	/ledicaid	Other F	ublic P	ivate Insu	rance	Pı	ivate Pay	TOTALS	Care	Expense a	as % of
38.0%		44.4%		4.2%		2.1%		11.3%	100.0%	Expense*	Total Net I	Revenue
7,070,999		8,245,027	776	,108	302	2,048		2,105,438	18,589,620	4,150	0	.0%

II I INOIS I ONG-TERM CARE DATA SUMMARY-CALENDA	D VEAD 2014

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	4	Chronic Alcoholism	2	Neoplasms	1
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	20
FREE STANDING FACILITIES	4	Drug Addiction	2	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	10
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	28
NURSING CARE BEDS ONLY	3	Mental Illness	0	Mental Illness	42
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	15
MULTI-LICENSED FACILITIES	0	Non-Mobile	1	Circulatory System	54
		Public Aid Recipient	0	Respiratory System	14
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	12
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	4	Skin Disorders	3
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	17
FOR PROFIT OWNERSHIP	4	Other Restrictions	0	Injuries and Poisonings	11
		No Restrictions	0	Other Medical Conditions	17
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	1			TOTALS	248
Reported Identified Offenders	3	Total Residents	Diagnosed	d with Mental Illness	80

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	4
Nursing Care	299	285	272	285	234	65	164	166	Residents on 1/1/2013	260
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	422
Intermediate DD	16	16	14	16	14	2		16	Total Discharges 2013 Residents on 12/31/2013	434
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	248
TOTAL BEDS	315	301	286	301	248	67	164	182		

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8,162	13.6%	49,188	81.0%	6,144	1,034	27,326	193	92,047	84.1%	88.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,928	84.2%	0	0	0	0	4,928	84.2%	84.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8,162	13.6%	54,116	81.2%	6,144	1,034	27,326	193	96,975	84.1%	88.0%

	NURSING CARE		SKL UNDER 22		INTER	INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	3	0	0	1	3	4
45 to 59	8	6	0	0	3	4	0	0	11	10	21
60 to 64	3	2	0	0	1	0	0	0	4	2	6
65 to 74	9	11	0	0	1	2	0	0	10	13	23
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	21	114	0	0	0	0	0	0	21	114	135
TOTALS	62	172	0	0	5	9	0	0	67	181	248

40.4%

3,418,996

3.7%

310,718

\*Charity Expense does not include expenses which may be considered a community benefit.

27.4%

2,324,918

LEVEL			Other	E AND LEV	Private	Charity		AVERAG	E DAILY P	AYMENT R	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF C		SINGLE	DOUBLE
Nursing Care	22	123	7	3	79	9	243	Nursing Ca	re	137	127
Skilled Under 22	0	0	0	0	0	0	0	Skilled Und	er 22	0	0
ICF/DD		14	0	0	0	0	14	Intermediat	e DD	119	108
Sheltered Care			0	0	0	0	0	Shelter		0	0
TOTALS	22	137	7	3	79	9	257				
	RESIDEN	ITS BY RAC	IAL/ETHI	NICITY GRO	UPING				STAFFING		
		Nursing	Skilled		Shelte			EMPLOYM		FULL-1	
RACE		Care	Under 22	2 ICF/DI	) Car	e 7	Γotals	CATEGO	RY	EQUIVA	LENT
Asian		0	0	0		0	0	Administrators	3		4.25
American Indian		0	0	0		0	0	Physicians			0.00
Black		7	0	0		0	7	Director of Nu	rsing		3.00
Hawaiian/Pacific Is	sl.	0	0	0		0	0	Registered Nu	ırses		23.00
White		227	0	14		0	241	LPN's			32.00
Race Unknown		0	0	0		0	0	Certified Aides	3	1	36.50
Total		234	0	14		0	248	Other Health	Staff		23.00
								Non-Health St	aff	;	55.25
		Nursing	Skilled		Shelte	red		Totals		2	77.00
ETHNICITY		Care	Under 2	2 ICF/DI			Totals				
Hispanic		1	0	0		0	1				
Non-Hispanic		233	0	14		0	247				
Ethnicity Unknown	1	0	0	0		0	0				
Total		234	0	14		0	248				
				NET REVE	NUE BY PA	AYOR SC	URCE (Fiscal Y	ear Data)			
									Charity	Charit	y Care
Medicare	M	ledicaid	Other F	ublic Pri	vate Insura	ince	Private Pay	TOTALS	Care	Expense	as % of

6.1%

514,958

22.4%

1,901,808

100.0%

8,471,398

Expense\*

23,145

Total Net Revenue

0.3%

ILLINOID ECINO-TERM CARE DATA COI				• =====================================		
HEALTH SERVICE AREA	005	ADMISSION RESTRICTION Aggressive/Anti-Social	NS 1	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	1	Neoplasms	5	
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	10	
FREE STANDING FACILITIES	3	Drug Addiction	1	Blood Disorders	2	
		Medicaid Recipient	0	Nervous System Non Alzheimer	11	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	51	
NURSING CARE BEDS ONLY	3	Mental Illness	1	Mental Illness	6	
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	49	
		Public Aid Recipient	0	Respiratory System	15	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	5	
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	5	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	1	Skin Disorders	1	
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	13	
FOR PROFIT OWNERSHIP	2	Other Restrictions	0	Injuries and Poisonings	8	
		No Restrictions	2	Other Medical Conditions	19	
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0	
LIFE CARE FACILITY	0			TOTALS	202	
Reported Identified Offenders 0		Total Residents Diagnosed with Mental Illness				

LEVEL OF CARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	- Decidents on 1/1/2012	107
Nursing Care	340	262	223	262	202	138	297	340	Residents on 1/1/2013	197
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	253
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	315
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	135
TOTAL BEDS	340	262	223	262	202	138	297	340		

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9,446	8.7%	39,183	31.5%	157	115	22,022	0	70,923	57.0%	74.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9,446	8.7%	39,183	31.5%	157	115	22,022	0	70,923	57.0%	74.0%

	NURSING CARE		SKL UNDER 22		INTER	RMED. DD	SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	12	37	0	0	0	0	0	0	12	37	49
85+	20	92	0	0	0	0	0	0	20	92	112
TOTALS	51	151	0	0	0	0	0	0	51	151	202

RESI	IDENTS B	Y PAYMEN	SOURC	E AND LEVE	L OF CA	RE					
LEVEL			Other		Private	Charity	/		AVERAGE DAILY	PAYMENT F	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOT	ALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	21	111	3	0	67	0	2	202	Nursing Care	165	133
Skilled Under 22	0	0	0	0	0	0		0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0		0	Intermediate DD	0	0
Sheltered Care			0	0	0	0		0	Shelter	0	0
TOTALS	21	111	3	0	67	0	2	202			
	RESIDEN	ITS BY RAC	IAL/ETHI	NICITY GRO	UPING				STAFF	NG	
		Nursing	Skilled		Shelte	red			EMPLOYMENT	FULL-	TIME
RACE		Care	Under 22	2 ICF/DE	) Car	e	Totals		CATEGORY	EQUIVA	ALENT
Asian		0	0	0		0	0	<del>_</del>	Administrators		3.00
American Indian		0	0	0		0	0		Physicians		9.00
Black		2	0	0		0	2		Director of Nursing		3.00
Hawaiian/Pacific I	sl.	0	0	0		0	0		Registered Nurses		32.00
White		199	0	0		0	199		LPN's		31.00
Race Unknown		1	0	0		0	1		Certified Aides	1	10.00
Total		202	0	0		0	202	_	Other Health Staff		31.00
									Non-Health Staff	1	11.00
		Nursing	Skilled		Shelte	ered			Totals	3	30.00
ETHNICITY		Care	Under 2	2 ICF/DE	) Ca	re	Totals				
Hispanic		0	0	0		0	0	_			
Non-Hispanic		202	0	0		0	202				
Ethnicity Unknown	า	0	0	0		0	0				
Total		202	0	0		0	202	_			
				NET REVEN	IUE BY P	AYOR S	OURCE	(Fiscal Y	ear Data)		

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
32.5%	31.1%	0.6%	4.2%	31.6%	100.0%	Expense*	Total Net Revenue	
4,113,311	3,928,364	72,124	530,661	3,999,065	12,643,525	0	0.0%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS				
		Aggressive/Anti-Social	2	DIAGNOSIS				
TOTAL FACILITIES	9	Chronic Alcoholism	6	Neoplasms	2			
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	35			
FREE STANDING FACILITIES	9	Drug Addiction	7	Blood Disorders	2			
		Medicaid Recipient	0	Nervous System Non Alzheimer	19			
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	45			
NURSING CARE BEDS ONLY	5	Mental Illness	1	Mental Illness	14			
DD CARE BEDS ONLY	4	Non-Ambulatory	0	Developmental Disability	144			
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	79			
		Public Aid Recipient	0	Respiratory System	75			
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	11			
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	12			
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	7	Skin Disorders	8			
NON-PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	56			
FOR PROFIT OWNERSHIP	5	Other Restrictions	0	Injuries and Poisonings	11			
		No Restrictions	1	Other Medical Conditions	28			
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0			
LIFE CARE FACILITY	0			TOTALS	541			
Reported Identified Offenders	11	Total Resident	s Diagnosed	with Mental Illness	105			

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	50
Nursing Care	509	498	445	487	398	111	353	487	Residents on 1/1/2013	533
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,187
Intermediate DD	148	148	146	148	143	5		141	Total Discharges 2013	1,173
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	547
TOTAL BEDS	657	646	591	635	541	116	353	628	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medio		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	29,649	22.9%	88,781	49.8%	665	2,008	26,892	0	147,995	79.4%	81.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			50,804	98.4%	0	0	0	0	50,804	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	29,649	22.9%	139,585	60.7%	665	2,008	26,892	0	198,799	82.7%	84.1%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	1	2	0	0	16	10	0	0	17	12	29		
45 to 59	12	7	0	0	29	29	0	0	41	36	77		
60 to 64	10	8	0	0	8	15	0	0	18	23	41		
65 to 74	24	30	0	0	17	9	0	0	41	39	80		
75 to 84	33	76	0	0	3	4	0	0	36	80	116		
85+	52	143	0	0	2	1	0	0	54	144	198		
TOTALS	132	266	0	0	75	68	0	0	207	334	541		

Registered Nurses

Other Health Staff

Non-Health Staff

**Certified Aides** 

LPN's

Totals

0

0

388

Hawaiian/Pacific Isl.

Race Unknown

White

46.00

68.00

338.00

53.00

148.00

667.50

RES	SIDENTS B	/ PAYMENT	SOURC	E AND LEVE	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT F	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	244	0	5	57	0	398	Nursing Care	162	149
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		143	0	0	0	0	143	Intermediate DD	134	309
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	92	387	0	5	57	0	541			
	RESIDEN	TS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFF	ING	
		Nursing	Skilled		Shelte	red		EMPLOYMENT	FULL-	TIME
RACE		Care	Under 2	2 ICF/DD	) Car	re 1	Totals	CATEGORY	EQUIV	ALENT
Asian		0	0	1		0	1	Administrators		7.50
American Indian		0	0	0		0	0	Physicians		1.00
Black		10	0	27		0	37	Director of Nursing		6.00

0

0

0

0

0

503

Total	398	0	143	0	541
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	397	0	143	0	540
Ethnicity Unknown	0	0	0	0	0
Total	398	0	143	0	541

0

0

0

0

0

115

#### **NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
34.0%	48.3%	0.2%	3.8%	13.8%	100.0%	Expense*	Total Net Revenue	
13,554,793	19,259,955	97,984	1,508,510	5,493,813	39,915,055	0	0.0%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC I	PLANNING AREA	Perry		
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS	
		Aggressive/Anti-Social	0	DIAGNOSIS		
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	0	
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	5	
FREE STANDING FACILITIES	3	Drug Addiction	3	Blood Disorders	0	
		Medicaid Recipient	0	Nervous System Non Alzheimer	3	
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	36	
NURSING CARE BEDS ONLY	3	Mental Illness	3	Mental Illness	7	
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0	
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	20	
		Public Aid Recipient	0	Respiratory System	5	
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	4	
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	6	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	0	
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	32	
FOR PROFIT OWNERSHIP	3	Other Restrictions	0	Injuries and Poisonings	3	
		No Restrictions	0	Other Medical Conditions	2	

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

0

123

12

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

1

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

LEVEL OF CARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	ı
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Residents on 1/1/2013	110
Nursing Care	210	210	131	210	123	87	29	210		119
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	192
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	188
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	123
TOTAL BEDS	210	210	131	210	123	87	29	210	_	

### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	icare	Medi	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,991	37.6%	28,658	37.3%	0	0	11,908	0	44,557	58.0%	58.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,991	37.6%	28,658	37.3%	0	0	11,908	0	44,557	58.0%	58.0%

	NURSING CARE		SKL UNDER 22		INTER	INTERMED. DD		TERED	TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	4	5	0	0	0	0	0	0	4	5	9	
60 to 64	2	1	0	0	0	0	0	0	2	1	3	
65 to 74	5	6	0	0	0	0	0	0	5	6	11	
75 to 84	8	35	0	0	0	0	0	0	8	35	43	
85+	7	50	0	0	0	0	0	0	7	50	57	
TOTALS	26	97	0	0	0	0	0	0	26	97	123	

LEVEL			Other		Priv	vate (	Charity			ΔVFRΔC	SE DAILY PA	YMENT F	RATES
	Medicare	Medicaid	Public	Insurance		ay	Care	TOTA	LS	LEVEL OF C		SINGLE	DOUBLE
Nursing Care	13	74	0	0	(	36	0	12	23	Nursing Ca	re	159	133
Skilled Under 22	0	0	0	0		0	0		0	Skilled Und	er 22	0	0
ICF/DD		0	0	0		0	0		0	Intermediat	e DD	0	0
Sheltered Care			0	0		0	0		0	Shelter		0	0
TOTALS	13	74	0	0	3	36	0	12	23				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GF	OUPIN	NG					STAFFING	i	
RACE		Nursing Care	Skilled Under 2	2 ICF/[	_	Sheltere Care		Totals		EMPLOYM CATEGO		FULL- EQUIV	
Asian		0	0		0	0		0	-	Administrators	 S		3.00
American Indian		0	0		0	0		0		Physicians			1.00
Black		3	0		0	0		3		Director of Nursing		3.00	
Hawaiian/Pacific Is	sl.	0	0		0	0		0		Registered Nurses			10.00
White		120	0		0	0		120		LPN's			14.00
Race Unknown		0	0		0	0		0		Certified Aide	S		48.50
Total		123	0		0	0		123					0.00 48.00
ETHNICITY		Nursing Care	Skilled Under 2	2 ICF/I		Sheltere Care		Totals		Totals		1	27.50
Hispanic		0	0		0	0	)	0	-				
Non-Hispanic		123	0		0	0	)	123					
Ethnicity Unknown	1	0	0		0	0	)	0					
Total		123	0		0	0	)	123	-				
				NET REV	ENUE E	BY PAY	OR SO	OURCE (	(Fiscal Ye	ear Data)			
											Charity	Chari	ty Care
Medicare	ľ	Medicaid	Other F	Public P	rivate I	nsuran	ce	Private	Pay	TOTALS	Care	Expense	as % of
16.4%		54.0%		0.0%		0.0	%	2	9.6%	100.0%	Expense*	Total Ne	t Revenue
768,614		2,525,626		0			0	1,384	.216	4,678,456	0		0.0%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING AREA	Randolph	
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	7	Chronic Alcoholism	2	Neoplasms	8
HOSPITAL BASED UNITS	0	Developmentally Disabled	2	Endocrine/Metabolic	20
FREE STANDING FACILITIES	7	Drug Addiction	3	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	26
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	89
NURSING CARE BEDS ONLY	5	Mental Illness	1	Mental Illness	14
DD CARE BEDS ONLY	2	Non-Ambulatory	0	Developmental Disability	25
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	64
		Public Aid Recipient	0	Respiratory System	21
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	6
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	7	Skin Disorders	12
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	50
FOR PROFIT OWNERSHIP	4	Other Restrictions	0	Injuries and Poisonings	11
		No Restrictions	0	Other Medical Conditions	19
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0

TOTALS

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

1

LIFE CARE FACILITY

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	25
Nursing Care	490	426	372	424	344	146	313	484	Residents on 1/1/2013	35
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	42
Intermediate DD	32	32	26	32	25	7		32	Total Discharges 2013	41
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	36
TOTAL BEDS	522	458	398	456	369	153	313	516	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	care	Medi	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,249	8.9%	62,070	35.0%	768	1,346	44,837	0	119,270	66.5%	76.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			9,834	84.0%	0	0	0	0	9,834	84.0%	84.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,249	8.9%	71,904	38.1%	768	1,346	44,837	0	129,104	67.6%	77.0%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DEC	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	2	1	0	0	3	2	5
45 to 59	5	7	0	0	4	4	0	0	9	11	20
60 to 64	6	13	0	0	2	3	0	0	8	16	24
65 to 74	17	24	0	0	5	3	0	0	22	27	49
75 to 84	20	64	0	0	0	0	0	0	20	64	84
85+	31	155	0	0	1	0	0	0	32	155	187
TOTALS	80	264	0	0	14	11	0	0	94	275	369

369

LEVEL			Other		Private	Charit	ty		AVERAG	GE DAILY PA	AYMENT RA	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TO	ΓALS	LEVEL OF C	CARE	SINGLE	DOUBLE
Nursing Care	40	181	0	5	118	0		344	Nursing Ca	re	192	135
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0
ICF/DD		25	0	0	0	0		25	Intermediat	te DD	0	111
Sheltered Care			0	0	0	0		0	Shelter		0	0
TOTALS	40	206	0	5	118	0		369				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING					STAFFING	<b>i</b>	
		Nursing	Skilled		Shelt				EMPLOYM		FULL-TI	
RACE		Care	Under 2	2 ICF/D	D Ca	are	Totals		CATEGO	RY	EQUIVAL	LENT
Asian		0	0	(	)	0	0		Administrator	s		9.50
American Indian		0	0	(	)	0	0		Physicians			1.00
Black		3	0	•	7	0	10		Director of Nu	ırsing		5.00
Hawaiian/Pacific I	sl.	0	0	(	)	0	0		Registered No	urses	1	9.50
White		341	0	18	3	0	359		LPN's		4	5.00
Race Unknown		0	0	(	)	0	0		Certified Aide	s	13	8.00
Total		344	0	2	5	0	369	<del></del>	Other Health	Staff	1	9.00
									Non-Health S	taff	9	3.25
		Nursing	Skilled		Sheli	tered			Totals		33	0.25
ETHNICITY		Care	Under 2	2 ICF/D	D Ca	are	Totals					
Hispanic		0	0	(	)	0	0					
Non-Hispanic		344	0	2	5	0	369					
Ethnicity Unknown	า	0	0	(	)	0	0					
Total		344	0	2	5	0	369					
				NET REVE	NUE BY F	PAYOR S	SOURC	E (Fiscal Y	ear Data)			
										Charity	Charity	Care
Medicare	N	/ledicaid	Other F	Public Pr	ivate Insui	rance	Priva	te Pay	TOTALS	Care	Expense a	as % of
23.2%		41.8%		0.5%		2.9%		31.6%	100.0%	Expense*	Total Net	Revenue
4,646,653		8,378,745	93	3,782	584	.835	6.3	23,054	20,027,069	0	0	.0%

ILLINOIS LONG-TERM CARE DATA SUI	WIWIAR 1-CA	LENDAR TEAR 2014 LTC PL	ANNING ARE	EA Richland	
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	10SIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	0	Neoplasms	6
HOSPITAL BASED UNITS	1	Developmentally Disabled	0	Endocrine/Metabolic	16
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	3
		Medicaid Recipient	0	Nervous System Non Alzheimer	15
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	12
NURSING CARE BEDS ONLY	3	Mental Illness	1	Mental Illness	19
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	48
		Public Aid Recipient	0	Respiratory System	22
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	7
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	9
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	2	Skin Disorders	2
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	32
FOR PROFIT OWNERSHIP	2	Other Restrictions	0	Injuries and Poisonings	12

Other Medical Conditions

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

14

0

217

34

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

2

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 201	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Daa'daata aa 4/4/0040	005
Nursing Care	309	304	252	282	217	92	289	255	Residents on 1/1/2013	235
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	416
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	434
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	217
TOTAL BEDS	309	304	252	282	217	92	289	255	_	

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

		icare	Medio		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16,964	16.0%	39,137	41.9%	442	582	29,803	0	86,928	76.9%	78.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16,964	16.0%	39,137	41.9%	442	582	29,803	0	86,928	76.9%	78.1%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DEC	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	JNDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	10	19	0	0	0	0	0	0	10	19	29
75 to 84	16	33	0	0	0	0	0	0	16	33	49
85+	26	98	0	0	0	0	0	0	26	98	124
TOTALS	57	160	0	0	0	0	0	0	57	160	217

6,213,553

4,734,464

47,000

\*Charity Expense does not include expenses which may be considered a community benefit.

RES LEVEL	IDENTS B	Y PAYMENT	SOURCE Other	AND LEVE	L OF CAF Private	RE Charity		AVERAGE DAILY P.	AVMENT D	ATEC
OF CARE	Medicare	Medicaid		nsurance	Private	Care	TOTALS	LEVEL OF CARE		DOUBLE
Nursing Care	26	109	0	3	79	0	217	Nursing Care	147	147
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	26	109	0	3	79	0	217			
	RESIDEN	ITS BY RAC	IAL/ETHNI	CITY GROU	JPING			STAFFING	ì	
RACE		Nursing Care	Skilled Under 22	ICF/DD	Shelter Care		Totals	EMPLOYMENT CATEGORY	FULL-TI EQUIVAL	
Asian		1	0	0		0	1	Administrators		3.00
American Indian		0	0	0		0	0	Physicians		0.00
Black		1	0	0		0	1	Director of Nursing	3.0	
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses	3	3.90
White		215	0	0		0	215	LPN's	25.8	
Race Unknown		0	0	0		0	0	Certified Aides	8	3.30
Total		217	0	0		0	217	Other Health Staff		1.00
								Non-Health Staff	7	1.90
ETHNICITY		Nursing Care	Skilled Under 22	ICF/DD	Shelte Car		Totals	Totals	22	1.90
Hispanic		1	0	0		0	1			
Non-Hispanic		216	0	0		0	216			
Ethnicity Unknow	n	0	0	0		0	0			
Total		217	0	0		0	217			
			N	ET REVEN	UE BY PA	YOR SO	OURCE (Fiscal	Year Data)		
								Charity	Charity	Care
Medicare	N	1edicaid	Other Pu	blic Priva	ate Insura	nce	Private Pay	TOTALS Care	Expense a	as % of
39.7%		30.3%	0	.3%	1.	5%	28.2%	100.0% Expense*	Total Net	Revenue

229,559

4,407,885

15,632,461

0

0.0%

ILLINOIS LONG-TERM CARE DATA	SUMMARY-CA	LENDAR YEAR 2014	LTC PLAN	NING ARE	A	Union
HEALTH SERVICE AREA	005	ADMISSION REST	RICTIONS	1	RESIDENTS BY PRIM	MARY DIAGNOSIS
TOTAL FACILITIES	6	Chronic Alcoholism		2	Neoplasms	2
HOSPITAL BASED UNITS	0	Developmentally Disabled		1	Endocrine/Metabolic	11
EDEE CTANDING FACILITIES	6	Drug Addiction		2	Dland Dinardora	0

#### 2 1 FREE STANDING FACILITIES **Drug Addiction Blood Disorders** 0 3 Medicaid Recipient 0 Nervous System Non Alzheimer 36 Medicare Recipient Alzheimer Disease **FACILITIES LICENSED FOR:** 0 48 Mental Illness Mental Illness NURSING CARE BEDS ONLY 5 68 1 Non-Ambulatory **Developmental Disability** DD CARE BEDS ONLY 0 46 **MULTI-LICENSED FACILITIES** 0 Non-Mobile Circulatory System 23 Public Aid Recipient 0 Respiratory System 7 Under 65 Years Old **FACILITIES REPORTED BY** 0 Digestive System 1 **OWNERSHIP TYPE** Unable to Self-Medicate 0 Genitourinary System Disorders 5 Ventilator Dependent Skin Disorders **GOVERNMENTAL OWNERSHIP** 1 NON-PROFIT OWNERSHIP Infectious Disease w/ Isolation Musculo-skeletal Disorders 4 FOR PROFIT OWNERSHIP 5 Other Restrictions Injuries and Poisonings 0 No Restrictions Other Medical Conditions 20 **CONTINUING CARE COMMUNITY** 0 Non-Medical Conditions 0 LIFE CARE FACILITY TOTALS 0 272

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

6

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	4
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	- Decidents on 1/1/2012	242
Nursing Care	293	293	246	293	226	67	99	231	Residents on 1/1/2013	
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	236
Intermediate DD	64	64	46	64	46	18		64	Total Discharges 2013	206
Sheltered Care	0	0	0	0	0	0		04	Residents on 12/31/2013	272
TOTAL BEDS	357	357	292	357	272	85	99	295	-	

**Total Residents Diagnosed with Mental Illness** 

### **FACILITY UTILIZATION - 2014**

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Med Pat. days	icare Occ. Pct.	Medi Pat. days		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5,749	15.9%	43,965	52.0%	9	2,329	28,173	0	80,225	74.8%	74.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			16,236	69.3%	0	0	0	0	16,236	69.3%	69.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5,749	15.9%	60,201	55.8%	9	2,329	28,173	0	96,461	73.8%	73.8%

RESIDENT	S BY AGE GROUP,	SEX AND LEVEL OF CARE	- DECEMBER 31, 2014
NURSING CARE	SKI UNDER 22	INTERMED, DD	SHELTERED

	NURSING CARE		SKL UNDER 22		INTER	INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	9	4	0	0	10	4	14
45 to 59	10	8	0	0	17	5	0	0	27	13	40
60 to 64	4	3	0	0	2	1	0	0	6	4	10
65 to 74	32	19	0	0	3	0	0	0	35	19	54
75 to 84	29	28	0	0	1	4	0	0	30	32	62
85+	43	49	0	0	0	0	0	0	43	49	92
TOTALS	119	107	0	0	32	14	0	0	151	121	272

RE:	SIDENTS B	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT I	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	18	119	0	0	89	0	226	Nursing Care	141	148
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		46	0	0	0	0	46	Intermediate DD	168	115
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	18	165	0	0	89	0	272			
	RESIDEN	ITS BY RAC	IAL/ETH	INICITY GRO	UPING			STAFF	ING	
		N. Laurence	01:11- 1		01 11			EMPLOYMENT		T18.4C

RESI	DENTS BY RA	CIAL/ETHNIC	ITY GROU	PING		STAFFIN	NG
RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Asian	1	0	0	0	1	Administrators	7.00
American Indian	0	0	0	0	0	Physicians	1.00
Black	13	0	14	0	27	Director of Nursing	6.00
Hawaiian/Pacific Isl.	0	0	0	0	0	Registered Nurses	28.00
White	212	0	32	0	244	LPN's	32.00
Race Unknown	0	0	0	0	0	Certified Aides	122.00
Total	226	0	46	0	272	Other Health Staff	13.00
		_		-		Non-Health Staff	84.00
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	Totals	293.00
Hispanic	0	0	0	0	0		
Non-Hispanic	226	0	46	0	272		
Ethnicity Unknown	0	0	0	0	0		
Total	226	0	46	0	272		

#### NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
17.1%	45.7%	17.1%	5.0%	15.0%	100.0%	Expense*	Total Net Revenue	
2,530,439	6,757,842	2,529,972	738,107	2,218,139	14,774,499	38,396	0.3%	
		,						_

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC	LTC PLANNING AREA Washington				
HEALTH SERVICE AREA	005 ADMISSION RESTRICT		S	RESIDENTS BY PRIMARY DIAGN	DENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	1	DIAGNOSIS			
TOTAL FACILITIES	4	Chronic Alcoholism	3	Neoplasms	1		
HOSPITAL BASED UNITS	1	Developmentally Disabled	0	Endocrine/Metabolic	3		
FREE STANDING FACILITIES	3	Drug Addiction	3	Blood Disorders	3		
		Medicaid Recipient	1	Nervous System Non Alzheimer	7		
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	8		
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness	10		
DD CARE BEDS ONLY	2	Non-Ambulatory	0	Developmental Disability	19		
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	18		
		Public Aid Recipient	1	Respiratory System	9		
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	8		
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	16		
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	3	Skin Disorders	1		
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	16		

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

TOTALS

16

10

0

145

82

0

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

1

0

0

0

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	4
									Residents on 1/1/2013	157
Nursing Care	258	258	137	159	126	132	37	230	Total Admissions 2013	89
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	32	32	26	32	19	13		32	Total Discharges 2013	101
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	145
TOTAL BEDS	290	290	163	191	145	145	37	262		

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Med	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,154	23.3%	16,338	19.4%	0	0	27,863	0	47,355	50.1%	50.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			8,762	74.8%	0	0	0	0	8,762	74.8%	74.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3,154	23.3%	25,100	26.2%	0	0	27,863	0	56,117	52.9%	52.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEM	ECEMBER 31, 2014
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	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	LTERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	1	0	0	0	5	3	0	0	6	3	9
60 to 64	1	0	0	0	1	2	0	0	2	2	4
65 to 74	3	8	0	0	1	2	0	0	4	10	14
75 to 84	8	21	0	0	1	2	0	0	9	23	32
85+	15	69	0	0	0	0	0	0	15	69	84
TOTALS	28	98	0	0	9	10	0	0	37	108	145

LEVEL		Y PAYMENT	Other	_ ,			wi4. ,		A)/ED A	OF DAILY DA	VACENT DA	TEC
	Medicare	Medicaid	Otner Public	Insurance	Private Pay	Cha Ca	•	OTALS	LEVEL OF (	GE DAILY PA Care		OOUBLE
Nursing Care	13	41	0	0	72		0	126	Nursing Ca		145	120
Skilled Under 22	0	0	0	0	0		0	0	Skilled Und		0	0
ICF/DD Sheltered Care		19	0	0	0		0	19	Intermedia	e DD	0	123
			0	0	0		0	0	Shelter		0	0
TOTALS	13	60	0	0	72		0	145				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING					STAFFING		
		Nursing	Skilled		Shelte	ered			EMPLOYM	IENT	FULL-TII	ME
RACE		Care	Under 22	2 ICF/D	D Ca	re	Total	S	CATEGO	RY	EQUIVAL	ENT.
Asian		0	0	(	0	0		0	Administrator	S		1.50
American Indian		0	0	(	0	0		0	Physicians		(	0.00
Black		0	0		7	0		7	Director of No	ırsing		1.00
Hawaiian/Pacific I	sl.	0	0	(	0	0		0	Registered N	Registered Nurses		6.70
White		126	0	1:	2	0	13	8	LPN's		18	3.05
Race Unknown		0	0	(	0	0		0	Certified Aide		36.00	
Total		126	0	1	9	0	14	5	Other Health	Staff	•	1.60
									Non-Health S	taff	54	4.00
		Nursing	Skilled		Shelte	ered			Totals		118	8.85
ETHNICITY		Care	Under 2	2 ICF/D	D Ca	re	Tota	ls				
Hispanic		0	0	,	1	0		1				
Non-Hispanic		126	0	18	3	0	14	4				
Ethnicity Unknown	า	0	0	(	)	0		0				
Total		126	0	19	9	0	14	5				
				NET REVE	NUE BY P	AYOR	SOUR	CE (Fiscal Ye	ear Data)			
										Charity	Charity	Care
Medicare	1	Medicaid	Other F	ublic Pr	ivate Insura	ance	Priv	ate Pay	TOTALS	Care	Expense a	
20.4%		34.5%		0.0%	C	0.0%		45.2%	100.0%	Expense*	Total Net I	Revenue
1,634,303		2,768,119		0		0	3,	625,776	8,028,198	. 0	0.	.0%

#### LTC PLANNING AREA

Wayne

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS Aggressive/Anti-Social	1	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	4	Chronic Alcoholism	2	Neoplasms	1
HOSPITAL BASED UNITS	1	Developmentally Disabled	1	Endocrine/Metabolic	6
FREE STANDING FACILITIES	3	Drug Addiction	2	Blood Disorders	3
		Medicaid Recipient	1	Nervous System Non Alzheimer	11
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	5
NURSING CARE BEDS ONLY	3	Mental Illness	1	Mental Illness	5
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	15
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	17
		Public Aid Recipient	0	Respiratory System	11
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	2
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	2
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	4	Skin Disorders	1
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	22
FOR PROFIT OWNERSHIP	3	Other Restrictions	1	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	36
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	137
Reported Identified Offenders	4	Total Residents	Diagnosed	d with Mental Illness	5

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	1
Nursing Care	169	169	127	163	122	47	134	139	Residents on 1/1/2013 Total Admissions 2013	141 305
Skilled Under 22 Intermediate DD	0 16	0 16	0 15	0 16	0 15	0 1		0 16	Total Discharges 2013	309
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	137
TOTAL BEDS	185	185	142	179	137	48	134	155		

#### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6,448	13.1%	21,928	43.1%	2,443	949	14,380	0	46,148	74.6%	74.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,334	91.1%	0	0	0	0	5,334	91.1%	91.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6,448	13.1%	27,262	48.1%	2,443	949	14,380	0	51,482	76.0%	76.0%

	NURSIN	IG CARE	SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	3	2	0	0	3	2	5	
45 to 59	0	2	0	0	2	3	0	0	2	5	7	
60 to 64	2	1	0	0	0	0	0	0	2	1	3	
65 to 74	13	6	0	0	2	1	0	0	15	7	22	
75 to 84	8	21	0	0	1	1	0	0	9	22	31	
85+	14	55	0	0	0	0	0	0	14	55	69	
TOTALS	37	85	0	0	8	7	0	0	45	92	137	

LEVEL			Other		Private	Char	rity		AVERA	GE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Car	e -	TOTALS	LEVEL OF (	CARE	SINGLE [	OOUBLE
Nursing Care	16	58	0	0	48	(	0	122	Nursing Ca	are	146	136
Skilled Under 22	0	0	0	0	0	(	0	0	Skilled Und	der 22	0	0
ICF/DD		15	0	0	0	(	0	15	Intermedia	te DD	123	0
Sheltered Care			0	0	0	(	0	0	Shelter		0	0
TOTALS	16	73	0	0	48	(	0	137				
	RESIDE	ITS BY RAC	IAL/ETH	NICITY GR	OUPING					STAFFING		
		Nursing	Skilled			tered			EMPLOYM		FULL-TII	
RACE		Care	Under 2	2 ICF/[	D C	are	Tot	als	CATEGO	DRY	EQUIVAL	ENT.
Asian		0	0		0	0		0	Administrator	rs 3.25		3.25
American Indian		0	0		0	0		0	Physicians		0.00	
Black		0	0		0	0		0	Director of No	ursing	3.25	
Hawaiian/Pacific I	sl.	0	0		0	0		0	Registered Nurses		19.00	
White		121	0	1	5	0	1	36	LPN's	<u> </u>		7.00
Race Unknown		1	0		0	0		1	Certified Aide	-	59.00	
Total		122	0	) 1	5	0	1	37	Other Health	Staff	16.00	
									Non-Health S	staff	44	4.00
		Nursing	Skilled		Shel	tered			Totals		15	1.50
ETHNICITY		Care	Under 2	2 ICF/[	DD C	are	Tot	als				
Hispanic		0	0	l	0	0		0				
Non-Hispanic		122	0	1	5	0	1	37				
Ethnicity Unknown	า	0	0	)	0	0		0				
Total		122	0	) 1	5	0	1	37				
				NET REV	NUE BY	PAYOR	soul	RCE (Fiscal Y	(ear Data)			
										Charity	Charity	Care
Medicare	N	/ledicaid	Other F	Public P	rivate Insu	rance	Pr	ivate Pay	TOTALS	Care	Expense a	ıs % of
29.9%		45.2%		0.7%		1.6%		22.5%	100.0%	Expense*	Total Net I	Revenue
2,441,845		3,695,945	60	),553	132	2,916		1,838,346	8,169,605	274	0	.0%

ILLINOIS LONG-TERM CARE DATA SU	JMMARY-CA	LENDAR YEAR 2014 LTC PL	ANNING AREA	A White	
HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	2	DIAGNOSIS	
TOTAL FACILITIES	4	Chronic Alcoholism	0	Neoplasms	2
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	10
FREE STANDING FACILITIES	4	Drug Addiction	1	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	12
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	26
NURSING CARE BEDS ONLY	4	Mental Illness	0	Mental Illness	24
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	54
		Public Aid Recipient	0	Respiratory System	14
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	6
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	1

#### FA **OWNERSHIP TYPE** Unable to Self-Medicate Genitourinary System Disorders **GOVERNMENTAL OWNERSHIP** 0 Ventilator Dependent 3 Skin Disorders 0 NON-PROFIT OWNERSHIP 2 Infectious Disease w/ Isolation Musculo-skeletal Disorders 57 Injuries and Poisonings FOR PROFIT OWNERSHIP 2 Other Restrictions 2 1 Other Medical Conditions No Restrictions 10 **CONTINUING CARE COMMUNITY** 1 Non-Medical Conditions 0 LIFE CARE FACILITY **TOTALS** 0 220

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

3

**Reported Identified Offenders** 

LEVEL 05 04 DE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AND DISCHARGES - 2014	1
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	- Decidente en 1/1/2012	225
Nursing Care	351	351	263	349	220	131	265	347	Residents on 1/1/2013	235
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	401
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	404
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	232
TOTAL BEDS	351	351	263	349	220	131	265	347	_	

**Total Residents Diagnosed with Mental Illness** 

## FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Med	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,048	12.4%	46,652	36.7%	510	1,657	23,172	0	84,039	65.4%	65.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12,048	12.4%	46,652	36.7%	510	1,657	23,172	0	84,039	65.4%	65.4%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECI	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	14	46	0	0	0	0	0	0	14	46	60
85+	31	92	0	0	0	0	0	0	31	92	123
TOTALS	63	157	0	0	0	0	0	0	63	157	220

LEVEL			Other		Private	Charity			AVERAG	SE DAILY PA	YMENT R	ATES			
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS		LEVEL OF C	ARE	SINGLE	DOUBLE			
Nursing Care	36	118	0	18	48	0	220		Nursing Ca	re	147	149			
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	er 22	0	0			
ICF/DD		0	0	0	0	0	0		Intermediat	e DD	0	0			
Sheltered Care			0	0	0	0	0		Shelter		0	0			
TOTALS	36	118	0	18	48	0	220								
	RESIDE	NTS BY RAC	CIAL/ETHN	ICITY GRO	UPING					STAFFING	i				
		Nursing	Skilled		Sheltere				EMPLOYMENT			IME			
RACE		Care	Under 22	ICF/DD	Care	-	Totals		CATEGO	RY	EQUIVA	LENT			
Asian		0	0	0	C	)	0	_	Administrators		Administrators		Administrators		4.00
American Indian		0	0	0	C	)	0		Physicians			1.00			
Black		0	0	0	C	)	0		Director of Nursing		4.00				
Hawaiian/Pacific	lsl.	0	0	0	C	)	0		Registered Nurses		2	21.00			
White		220	0	0	C	)	220		LPN's		31.00				
Race Unknown		0	0	0	C	)	0		Certified Aide		98.00				
Total		220	0	0	C	)	220			er Health Staff		5.00			
								_	Non-Health S	taff	(	93.00			
		Nursing	Skilled		Shelter	ed			Totals		25	57.00			
ETHNICITY		Care	Under 22	ICF/DD	) Care		Totals								
Hispanic		0	0	0	(	)	0								
Non-Hispanic		220	0	0	(	)	220								
Ethnicity Unknow	n	0	0	0	(	)	0								
Total		220	0	0	(	)	220								
			N	IET REVEN	IUE BY PA	YOR SC	URCE (Fisc	cal Year Da	ita)						
										Charity	Charity	/ Care			
Medicare	1	Medicaid	Other Pu	ıblic Priv	ate Insuran	ice	Private Pay	/	TOTALS	Care	Expense	as % of			
36.1%		36.8%	0	.1%	3.2	2%	23.8%	%	100.0%	Expense*	Total Net	Revenue			
5,140,909		5,252,447	19,1	113	452,01	18	3,392,591	1	14,257,078	848	(	0.0%			

ILLINOIS LONG-TERM CARE DAT	A SUMMARY-CA	LENDAR YEAR 2014	LTC PLANNING ARE	A	Williamson
HEALTH SERVICE AREA	005	ADMISSION RESTRIC	TIONS		RIMARY DIAGNOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	6	Chronic Alcoholism	3	Neoplasms	(
	_		_		

#### 6 0 Developmentally Disabled 2 Endocrine/Metabolic HOSPITAL BASED UNITS 11 FREE STANDING FACILITIES **Drug Addiction** 6 4 **Blood Disorders** Medicaid Recipient 0 Nervous System Non Alzheimer 14 Medicare Recipient Alzheimer Disease **FACILITIES LICENSED FOR:** 0 61 Mental Illness Mental Illness NURSING CARE BEDS ONLY 5 1 5 Non-Ambulatory 0 **Developmental Disability** DD CARE BEDS ONLY 1 9 **MULTI-LICENSED FACILITIES** 0 Non-Mobile 0 Circulatory System 65 Public Aid Recipient 1 Respiratory System 37 Under 65 Years Old **FACILITIES REPORTED BY** 0 Digestive System 9 **OWNERSHIP TYPE** Unable to Self-Medicate 0 Genitourinary System Disorders 25 GOVERNMENTAL OWNERSHIP 0 Ventilator Dependent Skin Disorders 6 8 NON-PROFIT OWNERSHIP 0 Infectious Disease w/ Isolation Musculo-skeletal Disorders 36 FOR PROFIT OWNERSHIP 6 Other Restrictions 0 Injuries and Poisonings 22 No Restrictions Other Medical Conditions 88 Non-Medical Conditions **CONTINUING CARE COMMUNITY** 1 3 LIFE CARE FACILITY TOTALS 1 400

7

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/0040	27
Nursing Care	555	547	430	546	392	163	423	502	Residents on 1/1/2013	379
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,984
Intermediate DD	48	48	10	48	8	40		48	Total Discharges 2013	1,84
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	519
TOTAL BEDS	603	595	440	594	400	203	423	550	_	

**Total Residents Diagnosed with Mental Illness** 

### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	care	Medi	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	35,302	22.8%	74,017	40.3%	723	2,776	25,078	0	137,896	67.9%	68.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			3,449	19.6%	0	0	0	0	3,449	19.6%	19.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	35,302	22.8%	77,466	38.5%	723	2,776	25,078	0	141,345	64.0%	64.9%

	NURSIN	NURSING CARE		SKL UNDER 22		RMED. DD	SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	7	0	0	2	1	0	0	8	8	16
60 to 64	5	8	0	0	0	2	0	0	5	10	15
65 to 74	16	37	0	0	1	1	0	0	17	38	55
75 to 84	36	101	0	0	0	0	0	0	36	101	137
85+	24	151	0	0	0	1	0	0	24	152	176
TOTALS	87	305	0	0	3	5	0	0	90	310	400

106

LEVEL			Other		Privat	ر م	Charity			AVED AC	SE DAILY PA	AYMENT DA	TES
	Medicare	Medicaid	Public	Insurance			Care	TOT	ALS	LEVEL OF C			DOUBLE
Nursing Care	107	177	2	16	90		0	;	392	Nursing Ca	re	169	151
Skilled Under 22	0	0	0	0	0		0		0	Skilled Und	er 22	0	0
ICF/DD		8	0	0	0		0		8	Intermediat	e DD	134	140
Sheltered Care			0	0	0		0		0	Shelter		0	0
TOTALS	107	185	2	16	90		0	•	400				
	RESIDE	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING						STAFFING	;	
		Nursing	Skilled			eltere				EMPLOYM		FULL-TI	
RACE		Care	Under 2	2 ICF/E	DD (	Care	7	Fotals		CATEGO	RY	EQUIVAL	ENT
Asian		1	0		0	0		1	_	Administrators	3		6.00
American Indian		0	0		0	0		0		Physicians			1.00
Black		9	0		0	0		9		Director of Nursing			6.00
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered Nurses		4	0.00
White		382	0		8	0		390		LPN's			1.00
Race Unknown		0	0		0	0		0		Certified Aides		_	1.00
Total		392	0	ı	8	0		400	<del></del>	Other Health		27.00	
										Non-Health St	tatt		1.00
		Nursing	Skilled		_	eltere				Totals		44	3.00
ETHNICITY		Care	Under 2	2 ICF/[	DD (	Care		Totals					
Hispanic		1	0		0	0		1					
Non-Hispanic		391	0		8	0		399					
Ethnicity Unknown	า	0	0		0	0		0					
Total		392	0	ı	8	0		400	_				
				NET REVE	NUE BY	PAY	OR SO	URCE	(Fiscal Ye	ear Data)			
											Charity	Charity	Care
Medicare	N	Medicaid	Other F	Public P	rivate Ins	urand	e	Privat	e Pay	TOTALS	Care	Expense a	as % of
45.8%		33.0%		0.3%		7.79	%		13.3%	100.0%	Expense*	Total Net	Revenue
15,011,620		10,796,510	84	,547	2,52	8,173	3	4,34	1,693	32,762,543	0	0	.0%

HEALTH SERVICE AREA	006	ADMISSION RESTRICTION	NS.	RESIDENTS BY PRIMARY DIAGNOSIS		
TIERETH GERVIGE AREA	000	Aggressive/Anti-Social	48	DIAGNOSIS		
TOTAL FACILITIES	64	Chronic Alcoholism	39	Neoplasms	191	
HOSPITAL BASED UNITS	2	Developmentally Disabled	24	Endocrine/Metabolic	619	
FREE STANDING FACILITIES	62	Drug Addiction	43	Blood Disorders	137	
		Medicaid Recipient	5	Nervous System Non Alzheimer	406	
FACILITIES LICENSED FOR:		Medicare Recipient	3	Alzheimer Disease	332	
NURSING CARE BEDS ONLY	41	Mental Illness	31	Mental Illness	1,603	
DD CARE BEDS ONLY	19	Non-Ambulatory	19	Developmental Disability	568	
MULTI-LICENSED FACILITIES	4	Non-Mobile	20	Circulatory System	831	
		Public Aid Recipient	9	Respiratory System	513	
FACILITIES REPORTED BY		Under 65 Years Old	4	Digestive System	174	
OWNERSHIP TYPE		Unable to Self-Medicate	14	Genitourinary System Disorders	198	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	62	Skin Disorders	73	
NON-PROFIT OWNERSHIP	28	Infectious Disease w/ Isolation	23	Musculo-skeletal Disorders	295	

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

123

471

6,568

2,965

34

6

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Other Restrictions

No Restrictions

36

4

6

447

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents as 4/4/0040	0.000
Nursing Care	7,185	6,912	6,399	6,878	5,927	1,258	4636	6829	Residents on 1/1/2013	6,636
Skilled Under 22	150	128	85	128	83	67		150	Total Admissions 2013	10,408
Intermediate DD	421	421	421	421	415	6		373	Total Discharges 2013	10,296
Sheltered Care	238	170	162	167	143	95			Residents on 12/31/2013	6,748
TOTAL BEDS	7,994	7,631	7,067	7,594	6,568	1,426	4636	7352	_	

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Medi	caid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	212,251	12.5%	1,777,287	71.1%	19,048	23,223	164,419	1,708	2,197,936	83.6%	86.9%
Skilled Under 22			29,087	53.0%	163	0	364	0	29,614	53.9%	63.2%
Intermediate DD			151,612	111.1%	0	0	730	365	152,707	99.1%	99.1%
Sheltered Care					12,583	155	38,622	1,571	52,931	60.8%	85.1%
TOTALS	212,251	12.5%	1,957,986	72.8%	31,794	23,378	204,135	3,644	2,433,188	83.2%	87.1%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014											
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	7	8	0	0	0	0	7	8	15	
18 to 44	274	126	36	14	108	127	0	0	418	267	685	
45 to 59	811	416	6	6	65	96	1	1	883	519	1,402	
60 to 64	398	267	3	1	3	9	0	0	404	277	681	
65 to 74	695	581	2	0	2	5	6	7	705	593	1,298	
75 to 84	508	634	0	0	0	0	13	27	521	661	1,182	
85+	319	898	0	0	0	0	25	63	344	961	1,305	
TOTALS	3.005	2.922	54	29	178	237	45	98	3.282	3.286	6.568	

748,373

0.2%

467,249,611

126,820,440

281,214,531

4,538,699

\*Charity Expense does not include expenses which may be considered a community benefit.

LEVEL			Other		Private	Charity		AVERAC	SE DAILY PA	AYMENT F	RATES
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS	LEVEL OF C	ARE	SINGLE	DOUBLE
Nursing Care	592	4,726	112	104	394	2	5,930	Nursing Ca	re	263	234
Skilled Under 22	0	83	0	0	0	0	83	Skilled Und	er 22	370	360
ICF/DD		412	0	0	2	1	415	Intermediat	e DD	218	175
Sheltered Care			33	0	106	4	143	Shelter		159	148
TOTALS	592	5,221	145	104	502	7	6,571				
	RESIDE	NTS BY RAC	IAL/ETHNI	CITY GRO	UPING				STAFFING	i	
		Nursing	Skilled		Shelter			EMPLOYM		FULL-	
RACE		Care	Under 22	ICF/DD	Care	e T	otals	CATEGO	RY	EQUIVA	ALENT
Asian		338	4	5	(	0	347	Administrators	3		62.27
American Indian		12	0	0		0	12	Physicians			18.12
Black		1,708	47	28		4 ′	1,787	Director of Nursing			52.50
Hawaiian/Pacific I	sl.	42	0	4	(	0	46	Registered Nu	Registered Nurses		12.86
White		3,658	14	376	13	8 4	1,186	LPN's		477.49	
Race Unknown		169	18	2		1	190	Certified Aide	s	2247.20	
Total		5,927	83	415	140	6 6	6,568	Other Health	Staff	645.95	
								Non-Health S	taff	17	77.80
		Nursing	Skilled		Shelter	red		Totals		59	94.19
ETHNICITY		Care	Under 22	ICF/DD	Care	e 7	Γotals				
Hispanic		584	9	15		3	611				
Non-Hispanic		5,272	56	398	14	.0 5	5,866				
Ethnicity Unknowr	n	71	18	2		0	91				
Total		5,927	83	415	14	3 6	6,568				
			N	ET REVEN	UE BY PA	YOR SO	URCE (Fiscal Ye	ear Data)			
									Charity	Charit	y Care
Medicare	N	/ledicaid	Other Pu		ate Insurar	nce	Private Pay	TOTALS Care		Expense	as % of
27.1%		60.2%	1.	.0%	2.	1%	9.6%	100.0%	Expense*	Total Ne	t Revenue

9,677,959

44,997,982

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING ARE	A Planning Area	Planning Area 6-B		
HEALTH SERVICE AREA	006	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAG	NOSIS		
		Aggressive/Anti-Social	11	DIAGNOSIS			
TOTAL FACILITIES	27	Chronic Alcoholism	6	Neoplasms	93		
HOSPITAL BASED UNITS	2	Developmentally Disabled	11	Endocrine/Metabolic	379		
FREE STANDING FACILITIES	25	Drug Addiction	9	Blood Disorders	65		
		Medicaid Recipient	3	Nervous System Non Alzheimer	190		
FACILITIES LICENSED FOR:		Medicare Recipient	4	Alzheimer Disease	193		
NURSING CARE BEDS ONLY	25	Mental Illness	2	Mental Illness	1,239		
DD CARE BEDS ONLY	1	Non-Ambulatory	8	Developmental Disability	19		
MULTI-LICENSED FACILITIES	1	Non-Mobile	7	Circulatory System	448		
		Public Aid Recipient	2	Respiratory System	234		
FACILITIES REPORTED BY		Under 65 Years Old	2	Digestive System	110		
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	106		
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	24	Skin Disorders	30		
NON-PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	7	Musculo-skeletal Disorders	152		
FOR PROFIT OWNERSHIP	22	Other Restrictions	4	Injuries and Poisonings	49		
		No Restrictions	0	Other Medical Conditions	217		

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

6

412

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 20	)14
Nursing Care	4,157	4,079	3,727	4,069	3,509	648	2127	3470	Residents on 1/1/2013 Total Admissions 2013	3,469 6,869
Skilled Under 22 Intermediate DD	0 12	0 12	0 12	0 12	0 12	0 0		0 12	Total Discharges 2013	6,662
Sheltered Care	49	20	19	20	15	34			Residents on 12/31/2013	3,676
TOTAL BEDS	4,218	4,111	3,758	4,101	3,536	682	2127	3482		

### **FACILITY UTILIZATION - 2014** BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	131,575	16.9%	1,018,571	80.2%	33,778	24,873	47,861	0	1,256,658	82.6%	84.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,106	93.5%	0	0	0	0	4,106	93.5%	93.5%
Sheltered Care					0	0	6,060	0	6,060	33.8%	82.8%
TOTALS	131,575	16.9%	1,022,677	80.2%	33,778	24,873	53,921	0	1,266,824	82.1%	84.2%

	NURSIN	IG CARE		<b>GE GROUP, S</b> NDER 22		MED. DD		TERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	17	0	0	0	0	0	0	0	17	0	17
18 to 44	337	123	0	0	3	1	0	0	340	124	464
45 to 59	608	297	0	0	4	3	0	0	612	300	912
60 to 64	286	127	0	0	0	0	0	1	286	128	414
65 to 74	381	255	0	0	0	0	1	0	382	255	637
75 to 84	264	294	0	0	0	0	3	1	267	295	562
85+	134	386	0	0	0	1	1	8	135	395	530
TOTALS	2.027	1.482	0	0	7	5	5	10	2.039	1.497	3.536

12

3,536

1,568

Non-Medical Conditions

TOTALS

**Total Residents Diagnosed with Mental Illness** 

LEVEL	IDEIVIO B	Y PAYMENT	Other	. AND LLVI	Private	Charity		AVERA	GE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF C			OOUBLE
Nursing Care	438	2,818	36	81	135	1	3,509	Nursing Ca	re	259	250
Skilled Under 22	0	0	0	0	0	0	0	Skilled Und	ler 22	0	0
ICF/DD		12	0	0	0	0	12	Intermediat	te DD	0	0
Sheltered Care			0	0	15	0	15	Shelter		170	0
TOTALS	438	2,830	36	81	150	1	3,536				
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING				STAFFING		
		Nursing	Skilled		Shelter			EMPLOYM		FULL-TIN	
RACE		Care	Under 22	ICF/DE	) Care	9	Totals	CATEGO	RY	EQUIVAL	ENT
Asian		32	0	0		0	32	Administrator	s	28	3.13
American Indian		13	0	0		0	13	Physicians		63	3.09
Black		1,706	0	0		0	1,706	Director of Nu	ırsing	26	6.44
Hawaiian/Pacific I	sl.	6	0	0		0	6	Registered N	urses	255	5.96
White		1,511	0	12	1	5	1,538	LPN's		334	4.00
Race Unknown		241	0	0		0	241	Certified Aide	s		5.84
Total		3,509	0	12	1	5	3,536	Other Health			5.68
								Non-Health S	taff	793	3.76
		Nursing	Skilled		Shelte	red		Totals		2752	2.90
ETHNICITY		Care	Under 22	! ICF/DI	O Car	е	Totals				
Hispanic		590	0	6		0	596				
Non-Hispanic		2,767	0	6	1	5	2,788				
Ethnicity Unknow	n	152	0	0		0	152				
Total		3,509	0	12	1	5	3,536				
			ı	NET REVEN	NUE BY PA	YOR S	OURCE (Fiscal Y	ear Data)			
									Charity	Charity	Care
Medicare	N	Medicaid	Other P	ublic Priv	vate Insura	nce	Private Pay	TOTALS	Care	Expense a	s % of
26.8%		58.9%	•	1.3%	4.	5%	8.4%	100.0%	Expense*	Total Net F	Revenue
56,116,431	1	23,162,169	2,780,	554	9,433,2	50	17,592,727	209,085,131	0	0.	.0%

ILLINOIS LONG-TERM CARE DATA SU			ANNING ARE		
HEALTH SERVICE AREA	006	ADMISSION RESTRICTIONS Aggressive/Anti-Social	14	RESIDENTS BY PRIMARY DIAGI DIAGNOSIS	NOSIS
TOTAL FACILITIES	28	Chronic Alcoholism	16	Neoplasms	129
HOSPITAL BASED UNITS	0	Developmentally Disabled	13	Endocrine/Metabolic	354
FREE STANDING FACILITIES	28	Drug Addiction	19	Blood Disorders	112
		Medicaid Recipient	1	Nervous System Non Alzheimer	215
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	396
NURSING CARE BEDS ONLY	22	Mental Illness	8	Mental Illness	580
DD CARE BEDS ONLY	6	Non-Ambulatory	5	Developmental Disability	198
MULTI-LICENSED FACILITIES	0	Non-Mobile	2	Circulatory System	648
		Public Aid Recipient	3	Respiratory System	402
FACILITIES REPORTED BY		Under 65 Years Old	2	Digestive System	86
OWNERSHIP TYPE		Unable to Self-Medicate	5	Genitourinary System Disorders	89
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	26	Skin Disorders	71
NON-PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	9	Musculo-skeletal Disorders	194
FOR PROFIT OWNERSHIP	20	Other Restrictions	7	Injuries and Poisonings	55

0

**Total Residents Diagnosed with Mental Illness** 

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

5

282

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

No Restrictions

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AN DISCHARGES - 20	
Nursing Care Skilled Under 22 Intermediate DD	4,761 125	4,566 125 75	4,143 121 71	4,566 125 75	3,894 116 68	867 9	3718	4725 125 75	Residents on 1/1/2013 Total Admissions 2013 Total Discharges 2013	4,010 6,586 6,350
Sheltered Care TOTAL BEDS	75 0 4,961	4,766	4,335	4,766	4,078	0 883	3718	4925	Residents on 12/31/2013	4,246

### FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Med Pat. days	icare Occ. Pct.	Medi Pat. days		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	171,802	12.6%	1,078,776	62.4%	66,537	12,568	60,770	0	1,390,453	79.8%	83.2%
Skilled Under 22			40,997	89.6%	0	0	1,095	365	42,457	92.8%	92.8%
Intermediate DD			24,820	90.4%	0	0	0	0	24,820	90.4%	90.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	171,802	12.6%	1,144,593	63.5%	66,537	12,568	61,865	365	1,457,730	80.3%	83.6%

		RESIDE	NTS BY A	GE GROUP, S	SEX AND L	EVEL OF CA	RE - DECE	EMBER 31, 20	014		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	11	15	0	0	0	0	11	15	26
18 to 44	178	97	46	34	10	10	0	0	234	141	375
45 to 59	509	322	5	4	17	17	0	0	531	343	874
60 to 64	318	187	0	1	6	6	0	0	324	194	518
65 to 74	387	352	0	0	0	0	0	0	387	352	739
75 to 84	334	427	0	0	1	1	0	0	335	428	763
85+	202	581	0	0	0	0	0	0	202	581	783
TOTALS	1,928	1,966	62	54	34	34	0	0	2,024	2,054	4,078

508

75

4,112

1,129

LEVEL			Other		Private	e (	Charity			AVERA	GE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay		Care	TOTALS	S	LEVEL OF (	CARE	SINGLE [	OUBLE
Nursing Care	486	3,015	144	67	182		0	3,894		Nursing Ca	ire	189	176
Skilled Under 22	0	112	0	0	3		1	116	i	Skilled Und	ler 22	301	0
ICF/DD		68	0	0	0		0	68		Intermedia	te DD	127	128
Sheltered Care			0	0	0		0	0	 <del> </del>	Shelter		0	0
TOTALS	486	3,195	144	67	185		1	4,078					
	RESIDEI	NTS BY RAC	IAL/ETHI	NICITY GR	OUPING						STAFFING		
		Nursing	Skilled			ltere				<b>EMPLOYM</b>		FULL-TII	
RACE		Care	Under 2	2 ICF/E	D C	Care	T	Totals		CATEGO	PRY	EQUIVAL	ENT
Asian		72	1		0	0		73	_	Administrator	s	33	3.00
American Indian		8	0		0	0		8		Physicians		30	6.06
Black		3,200	31	5	8	0	3	3,289		Director of Nu	ursing	23	3.77
Hawaiian/Pacific Is	sl.	0	0		0	0		0		Registered N	urses	319	9.58
White		464	78		7	0		549		LPN's		62	5.79
Race Unknown		150	6		3	0		159		Certified Aide		150	
Total		3,894	116	6	8	0	4	4,078		Other Health			4.97
									_	Non-Health S	taff	1054	4.73
		Nursing	Skilled		She	eltere	d			Totals		386	3.07
ETHNICITY		Care	Under 2	2 ICF/[	DD C	Care	٦	Γotals					
Hispanic		181	14		3	0		198					
Non-Hispanic		3,591	102	6	5	0	3	3,758					
Ethnicity Unknown	1	122	0		0	0		122					
Total		3,894	116	6	8	0	4	4,078					
				NET REVE	NUE BY	PAY	OR SO	URCE (Fi	iscal Year Da	ta)			
											Charity	Charity	Care
Medicare	ľ	Medicaid	Other F	Public P	ivate Insu	uranc	е	Private Pa	ay	TOTALS	Care	Expense a	
23.0%		67.9%		2.1%		1.5%	%	5.0	6%	100.0%	Expense*	Total Net I	Revenue
61,923,761	1	82,817,782	5,599	,525	4,02	1,816	3	15,010,6	31 26	69,373,515	100,189	0.	0%

ILLINOIS LONG-TERM CARE DATA SU	MMARY-CA	LENDAR YEAR 2014 LT	C PLANNING AREA	A Planning Area	7-A
HEALTH SERVICE AREA	007	ADMISSION RESTRICTION	S	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	19	DIAGNOSIS	
TOTAL FACILITIES	26	Chronic Alcoholism	19	Neoplasms	51
HOSPITAL BASED UNITS	0	Developmentally Disabled	17	Endocrine/Metabolic	154
FREE STANDING FACILITIES	26	Drug Addiction	21	Blood Disorders	28
		Medicaid Recipient	2	Nervous System Non Alzheimer	198
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	251
NURSING CARE BEDS ONLY	15	Mental Illness	10	Mental Illness	66
DD CARE BEDS ONLY	6	Non-Ambulatory	0	Developmental Disability	275
MULTI-LICENSED FACILITIES	5	Non-Mobile	0	Circulatory System	634
		Public Aid Recipient	7	Respiratory System	218
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	50
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	114
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	23	Skin Disorders	42
NON-PROFIT OWNERSHIP	11	Infectious Disease w/ Isolation	5	Musculo-skeletal Disorders	251
FOR PROFIT OWNERSHIP	15	Other Restrictions	2	Injuries and Poisonings	138
		No Restrictions	0	Other Medical Conditions	468
CONTINUING CARE COMMUNITY	7			Non-Medical Conditions	2

TOTALS

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

1

LIFE CARE FACILITY

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanta an 4/4/0040	0.070
Nursing Care	3,118	2,966	2,779	2,771	2,486	632	2745	2199	Residents on 1/1/2013	3,073
Skilled Under 22	57	57	57	57	56	1		55	Total Admissions 2013	10,076
Intermediate DD	239	239	229	228	218	21		239	Total Discharges 2013	10,239
Sheltered Care	278	264	207	264	180	98			Residents on 12/31/2013	2,910
TOTAL BEDS	3,692	3,526	3,272	3,320	2,940	752	2745	2493	_	

### FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medic	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days (	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	224,063	22.3%	423,016	52.6%	9,372	46,520	232,967	1,208	937,146	82.1%	86.3%
Skilled Under 22			19,937	99.0%	0	0	9	9	19,955	95.7%	95.7%
Intermediate DD			78,903	90.2%	0	0	1,401	0	80,304	91.8%	91.8%
Sheltered Care					0	0	68,788	1,318	70,106	68.9%	72.6%
TOTALS	224,063	22.3%	521,856	57.2%	9,372	46,520	303,165	2,535	1,107,511	82.0%	85.8%

		RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014										
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	5	4	0	0	0	0	5	4	9	
18 to 44	2	6	18	27	32	25	0	0	52	58	110	
45 to 59	30	34	0	1	47	38	0	0	77	73	150	
60 to 64	26	31	1	0	17	19	0	1	44	51	95	
65 to 74	90	193	0	0	10	17	2	2	102	212	314	
75 to 84	199	476	0	0	3	8	6	31	208	515	723	
85+	267	1,132	0	0	0	2	30	108	297	1,242	1,539	
TOTALS	614	1,872	24	32	109	109	38	142	785	2,155	2,940	

2,940

211

RES	IDENTS B	Y PAYMENT	SOURC	E AND LEVE	L OF CAR	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY P	'AYMENT F	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	654	1,068	30	152	580	2	2,486	Nursing Care	315	273
Skilled Under 22	0	56	0	0	0	0	56	Skilled Under 22	300	250
ICF/DD		214	0	0	4	0	218	Intermediate DD	173	148
Sheltered Care			0	0	177	3	180	Shelter	168	275
TOTALS	654	1,338	30	152	761	5	2,940			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFFIN	G	
RACE		Nursing Care	Skilled Under 2	2 ICF/DE	Shelter Care		Γotals	EMPLOYMENT CATEGORY	FULL- EQUIV	
Asian		79	1	3		1	84	Administrators		27.00
American Indian		2	0	1	(	0	3	Physicians		0.35
Black		45	10	17	(	0	72	Director of Nursing		22.00
Hawaiian/Pacific	lsl.	3	0	2	(	0	5	Registered Nurses	4	136.32
White		2,327	45	195	179	9 :	2,746	LPN's	1	198.35
Race Unknown		30	0	0	(	0	30	Certified Aides	11	160.19
Total		2,486	56	218	182	2 :	2,940	Other Health Staff	2	284.92
		•					•	Non-Health Staff	ę	984.99
ETHNICITY		Nursing Care	Skilled Under 2	2 ICF/DE	Shelter Care		Totals	Totals	31	114.12
Hispanic		60	11	6		2	79			
Non-Hispanic		1,966	45	212	17	7	2,400			

461

2,940

1

180

						Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
38.9%	26.3%	0.3%	6.4%	28.0%	100.0%	Expense*	Total Net Revenue
116,203,594	78,583,268	944,836	19,089,929	83,699,308	298,520,935	3,619,135	1.2%

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

0

56

0

218

460

2,486

Ethnicity Unknown

Total

ILLINOIS LONG-TERM CARE DATA SU		ELINDAN I EAN 2017 E	TC PLANNING ARE	A Planning Area	
HEALTH SERVICE AREA	007	ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	21	DIAGNOSIS	
TOTAL FACILITIES	44	Chronic Alcoholism	25	Neoplasms	123
HOSPITAL BASED UNITS	0	Developmentally Disabled	32	Endocrine/Metabolic	325
FREE STANDING FACILITIES	44	Drug Addiction	27	Blood Disorders	94
		Medicaid Recipient	5	Nervous System Non Alzheimer	439
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	636
NURSING CARE BEDS ONLY	38	Mental Illness	14	Mental Illness	882
DD CARE BEDS ONLY	2	Non-Ambulatory	3	Developmental Disability	152
MULTI-LICENSED FACILITIES	4	Non-Mobile	3	Circulatory System	714
		Public Aid Recipient	11	Respiratory System	354
FACILITIES REPORTED BY		Under 65 Years Old	2	Digestive System	143
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	177
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	37	Skin Disorders	61
NON-PROFIT OWNERSHIP	11	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	395

2

2

**Total Residents Diagnosed with Mental Illness** 

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

TOTALS

122

568

12

5,197

1,325

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Other Restrictions

No Restrictions

33

6

6

98

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	E 0E7
Nursing Care	6,533	6,136	5,557	6,086	5,105	1,428	4809	5407	Residents on 1/1/2013	5,257
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	13,961
Intermediate DD	147	147	147	147	144	3		135	Total Discharges 2013	13,660
Sheltered Care	173	174	95	174	86	87			Residents on 12/31/2013	5,558
TOTAL BEDS	6,853	6,457	5,799	6,407	5,335	1,518	4809	5542	_	

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	272,007	15.5%	1,112,497	56.2%	32,067	51,476	367,530	5,848	1,841,425	77.0%	82.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			53,655	108.6%	0	0	0	0	53,655	99.7%	99.7%
Sheltered Care					0	0	33,198	0	33,198	52.4%	52.1%
TOTALS	272,007	15.5%	1,166,152	57.5%	32,067	51,476	400,728	5,848	1,928,278	76.9%	81.6%

	NURSIN	IG CARE		<b>GE GROUP, S</b> NDER 22		EVEL OF CA RMED. DD		TERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	121	66	0	0	26	10	0	0	147	76	223
45 to 59	346	264	0	0	33	22	0	0	379	286	665
60 to 64	195	169	0	0	12	3	0	0	207	172	379
65 to 74	353	378	0	0	17	7	3	6	373	391	764
75 to 84	385	686	0	0	7	5	4	15	396	706	1,102
85+	481	1,661	0	0	0	2	7	51	488	1,714	2,202
TOTALS	1.881	3.224	0	0	95	49	14	72	1.990	3.345	5.335

LEVEL	Medicare	Medicaid	Other	AND LEV	Private Pay	Charity Care	TOTALS	AVERA LEVEL OF	GE DAILY PA		TES DOUBLE
Nursing Care	783	2,945	160	145	1,050	22	5,105	Nursing C	are	292	237
Skilled Under 22	0	0	0	0	0	0	0	Skilled Un	der 22	0	0
ICF/DD		144	0	0	0	0	144	Intermedia	ate DD	166	225
Sheltered Care			0	0	86	0	86	Shelter		197	270
TOTALS	783	3,089	160	145	1,136	22	5,335				
	RESIDEN	ITS BY RAC	IAL/ETHN	ICITY GRO	UPING				STAFFING		
RACE		Nursing Care	Skilled Under 22	ICF/DI	Shelte Care		Totals	EMPLOY! CATEG		FULL-TII EQUIVAL	
Asian		449	0	4		1	454	Administrato	rs	49	9.00
American Indian		5	0	1		0	6	Physicians			9.08
Black		347	0	37		1	385	Director of N	Director of Nursing		3.00
Hawaiian/Pacific Is	sl.	8	0	1		2	11	Registered Nurses		830	0.33
White		4,206	0	101	8	2	4,389	LPN's		340	0.47
Race Unknown		90	0	0		0	90	Certified Aid	es	1963.52	
Total		5,105	0	144	8	4	5,335	Other Health Non-Health \$		418.31 1678.56	
ETHNICITY		Nursing Care	Skilled Under 22	ICF/DI	Shelte Car		Totals	Totals		5332	2.27
Hispanic		189	0	14		0	203				
Non-Hispanic		4,650	0	130	8	36	4,866				
Ethnicity Unknown	1	266	0	0		0	266				
Total		5,105	0	144	8	36	5,335				
			N	IET REVE	NUE BY PA	AYOR SO	OURCE (Fiscal Y	rear Data)			
									Charity	Charity	
Medicare	N	/ledicaid	Other Pu		ate Insura		Private Pay	TOTALS	Care	Expense a	
31.6%		39.5%		.8%		3%	22.7%	100.0%	Expense*	Total Net I	
137,170,754	1	71,347,880	7,694,8	313	18,858,1	06	98,616,743	433,688,296	3,287,057	0.	8%

ILLINOIS LONG-TERM CARE DATA	A SUMMARY-CALEN	DAR YEAR 2014	LTC PLANNING AREA	A Planning Area 7-C
HEALTH SERVICE AREA	007	ADMISSION RI	STRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS

HEALTH SERVICE AREA	007	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	27	DIAGNOSIS	
TOTAL FACILITIES	43	Chronic Alcoholism	26	Neoplasms	70
HOSPITAL BASED UNITS	0	Developmentally Disabled	20	Endocrine/Metabolic	164
FREE STANDING FACILITIES	43	Drug Addiction	32	Blood Disorders	38
		Medicaid Recipient	9	Nervous System Non Alzheimer	371
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	488
NURSING CARE BEDS ONLY	32	Mental Illness	15	Mental Illness	561
DD CARE BEDS ONLY	7	Non-Ambulatory	0	Developmental Disability	310
MULTI-LICENSED FACILITIES	4	Non-Mobile	0	Circulatory System	723
		Public Aid Recipient	7	Respiratory System	400
FACILITIES REPORTED BY		Under 65 Years Old	2	Digestive System	92
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	153
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	42	Skin Disorders	46
NON-PROFIT OWNERSHIP	9	Infectious Disease w/ Isolation	7	Musculo-skeletal Disorders	477
FOR PROFIT OWNERSHIP	33	Other Restrictions	2	Injuries and Poisonings	114
		No Restrictions	0	Other Medical Conditions	889
CONTINUING CARE COMMUNITY	7			Non-Medical Conditions	63
LIFE CARE FACILITY	6			TOTALS	4,959
Reported Identified Offenders	73	Total Residents	s Diagnosed	with Mental Illness	1,150

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 2	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda a 4/4/0040	5.050
Nursing Care	5,841	5,516	4,935	5,404	4,567	1,274	4500	3859	Residents on 1/1/2013	5,258
Skilled Under 22	156	147	147	147	143	13		156	Total Admissions 2013	13,354
Intermediate DD	164	164	162	164	160	4		164	Total Discharges 2013	13,492
Sheltered Care	271	295	257	294	236	35			Residents on 12/31/2013	5,120
TOTAL BEDS	6,432	6,122	5,501	6,009	5,106	1,326	4500	4179	_	

		icare	Medi		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	314,170	19.1%	891,124	63.1%	11,941	66,278	366,730	5,877	1,656,120	77.5%	82.0%
Skilled Under 22			51,543	90.3%	275	0	219	0	52,037	91.1%	96.7%
Intermediate DD			58,052	96.7%	0	0	365	0	58,417	97.3%	97.3%
Sheltered Care					0	0	59,610	0	59,610	60.1%	55.2%
TOTALS	314,170	19.1%	1,000,719	65.4%	12,216	66,278	426,924	5,877	1,826,184	77.6%	81.5%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECE	EMBER 31, 2	014		
	NURSIN	IG CARE	SKL U	JNDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	17	11	0	0	0	0	17	11	28
18 to 44	68	30	38	32	28	21	0	0	134	83	217
45 to 59	248	178	15	17	36	31	0	1	299	227	526
60 to 64	128	128	5	0	9	18	0	0	142	146	288
65 to 74	278	384	3	4	10	3	0	7	291	398	689
75 to 84	362	702	0	1	3	1	11	50	376	754	1,130
85+	426	1,635	0	0	0	0	32	135	458	1,770	2,228
TOTALS	1,510	3,057	78	65	86	74	43	193	1,717	3,389	5,106

LEVEL		Y PAYMENT	Other		Private	Charity		AVERAG	GE DAILY PA	YMENT R	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF C	CARE	SINGLE	DOUBLE
Nursing Care	914	2,285	127	189	1,047	5	4,567	Nursing Ca	re	295	249
Skilled Under 22	0	141	1	0	1	0	143	Skilled Und	ler 22	360	292
ICF/DD		159	0	0	0	1	160	Intermediat	e DD	160	200
Sheltered Care			0	0	236	9	245	Shelter		163	143
TOTALS	914	2,585	128	189	1,284	15	5,115				
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING				STAFFING		
		Nursing	Skilled		Shelter			EMPLOYM		FULL-T	
RACE		Care	Under 22	ICF/DI	O Care	е	Totals	CATEGO	RY	EQUIVA	LENT
Asian		148	7	6		4	165	Administrator	S	4	15.75
American Indian		4	0	0		0	4	Physicians		3	33.00
Black		223	44	22		0	289	Director of Nu	ırsing	4	10.00
Hawaiian/Pacific I	sl.	6	19	11		0	36	Registered No	urses	68	33.02
White		4,090	66	119	23	2	4,507	LPN's		401.41	
Race Unknown		96	7	2		0	105	Certified Aide			16.23
Total		4,567	143	160	23	7	5,106	Other Health			98.55
								Non-Health S	taff	164	15.94
		Nursing	Skilled		Shelte	red		Totals		496	3.90
ETHNICITY		Care	Under 22	ICF/DI	D Car	е	Totals				
Hispanic		163	23	7		1	194				
Non-Hispanic		4,377	113	150	23	35	4,875				
Ethnicity Unknown	า	27	7	3		0	37				
Total		4,567	143	160	23	36	5,106				
			N	NET REVE	NUE BY PA	YOR SO	OURCE (Fiscal Y	ear Data)			
									Charity	Charity	/ Care
Medicare	N	Medicaid	Other Pu	ublic Pri	vate Insura	nce	Private Pay	TOTALS	Care	Expense	
37.2%		34.4%		).5%		8%	22.0%	100.0%	Expense*	Total Net	
172,821,917	1	59,680,529	2,329,	918	27,032,5	44	102,164,426	464,029,334	785,603	(	).2%

ILLINOIS LONG-TERM CARE DATA SUI	MIMARY-CA	LENDAR YEAR 2014 L	TC PLANNING ARE	EA Planning Area	7-U
HEALTH SERVICE AREA	007	ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	14	DIAGNOSIS	
TOTAL FACILITIES	19	Chronic Alcoholism	9	Neoplasms	45
HOSPITAL BASED UNITS	3	Developmentally Disabled	8	Endocrine/Metabolic	229
FREE STANDING FACILITIES	16	Drug Addiction	13	Blood Disorders	14
		Medicaid Recipient	2	Nervous System Non Alzheimer	116
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	278
NURSING CARE BEDS ONLY	15	Mental Illness	6	Mental Illness	265
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	91
MULTI-LICENSED FACILITIES	3	Non-Mobile	0	Circulatory System	361
		Public Aid Recipient	2	Respiratory System	175
FACILITIES REPORTED BY		Under 65 Years Old	2	Digestive System	35
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	55
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	18	Skin Disorders	17
NON-PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	134

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

18

412

26

2,271

435

1

**Total Residents Diagnosed with Mental Illness** 

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Other Restrictions

No Restrictions

13

1

2

57

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

**TOTALS** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	0.000
Nursing Care	2,904	2,728	2,365	2,715	2,134	770	2245	2657	Residents on 1/1/2013	2,363
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	4,894
Intermediate DD	82	82	82	82	79	3		82	Total Discharges 2013	5,111
Sheltered Care	99	99	72	99	58	41			Residents on 12/31/2013	2,146
TOTAL BEDS	3,085	2,909	2,519	2,896	2,271	814	2245	2739	_	

### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	131,095	16.0%	533,916	54.9%	10,420	19,563	87,721	6,132	788,847	74.2%	79.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			27,932	93.1%	0	0	365	0	28,297	94.3%	94.3%
Sheltered Care					0	0	16,367	365	16,732	46.2%	46.2%
TOTALS	131,095	16.0%	561,848	56.0%	10,420	19,563	104,453	6,497	833,876	73.9%	78.3%

		KESIDE	114								
	NURSIN	IG CARE	SKL UNDER 22		INTER	RMED. DD	SHEI	TERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	43	20	0	0	10	7	0	0	53	27	80
45 to 59	186	103	0	0	19	16	0	0	205	119	324
60 to 64	121	84	0	0	10	8	0	1	131	93	224
65 to 74	189	195	0	0	2	5	1	3	192	203	395
75 to 84	196	305	0	0	1	1	5	9	202	315	517
85 <b>+</b>	172	520	0	0	0	0	5	34	177	554	731

42

37

11

47

960

1,311

0

0

1,227

907

2,271

_	DENIS E	Y PAYMENT		AND LEVE					AV/55 4	OF DAILY D	WATELIT DA	TEO
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance		Charity	y TOTALS	,	AVERA LEVEL OF	GE DAILY PA		TES DOUBLE
OF CARE	Medicare	Medicaid	Public	insurance	Pay	Care			LEVEL OF	CARE	SINGLE I	JOUBLE
Nursing Care	399	1,317	115	56	218	29	2,134		Nursing C		372	327
Skilled Under 22	0	0	0	0	0	0	0		Skilled Un		0	0
ICF/DD		78	0	0	1	0	79		Intermedia	ate DD	176	176
Sheltered Care			0	0	57	1	58	<u> </u>	Shelter		186	176
TOTALS	399	1,395	115	56	276	30	2,271					
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING					STAFFING		
		Nursing	Skilled		Sheltere	ed			EMPLOY		FULL-TII	
RACE		Care	Under 22	ICF/DD	Care		Totals		CATEG	ORY	EQUIVAL	ENT.
Asian		30	0	3	1		34	_	Administrato	rs	2	1.50
American Indian		1	0	0	0	)	1		Physicians		14	4.00
Black		759	0	23	0	)	782		Director of N	lursing	23	3.50
Hawaiian/Pacific I	sl.	6	0	0	0	)	6		Registered Nurses		278.27	
White		1,217	0	53	57		1,327		LPN's		259.93	
Race Unknown		121	0	0	0	)	121		Certified Aid			9.57
Total		2,134	0	79	59	)	2,271		Other Health	Staff		6.54
								_	Non-Health	Staff	723	3.53
		Nursing	Skilled		Sheltere	ed			Totals		2326	6.84
ETHNICITY		Care	Under 22	ICF/DD	Care		Totals					
Hispanic		272	0	10	1	l	283					
Non-Hispanic		1,860	0	69	57	7	1,986					
Ethnicity Unknown	า	2	0	0	C	)	2					
Total		2,134	0	79	58	3	2,271					
			N	IET REVEN	UE BY PA	YOR S	OURCE (Fi	scal Year Da	ata)			
										Charity	Charity	Care
Medicare	1	Medicaid	Other Pu	ublic Priv	ate Insuran	ce	Private Pa	ay	TOTALS	Care	Expense a	ıs % of
32.5%		34.5%	C	0.8%	24.6	%	7.6	6%	100.0%	Expense*	Total Net I	Revenue
95,694,973	1	101,590,911	2,436,	733	72,511,96	8	22,432,14	42 2	94,666,727	5,761,941	2.	.0%

HEALTH SERVICE AREA	007	ADMISSION RESTRICTION Aggressive/Anti-Social	-	RESIDENTS BY PRIMARY DIA	GNOSIS
TOTAL FACILITIES	74	Chronic Alcoholism	45	Neoplasms	114
HOSPITAL BASED UNITS	1	Developmentally Disabled	26	Endocrine/Metabolic	493
FREE STANDING FACILITIES	73	Drug Addiction	53	Blood Disorders	58
		Medicaid Recipient	4	Nervous System Non Alzheimer	365
FACILITIES LICENSED FOR:		Medicare Recipient	15	Alzheimer Disease	282
NURSING CARE BEDS ONLY	51	Mental Illness	18	Mental Illness	1,495
DD CARE BEDS ONLY	21	Non-Ambulatory	2	Developmental Disability	377
MULTI-LICENSED FACILITIES	2	Non-Mobile	3	Circulatory System	1,329
		Public Aid Recipient	11	Respiratory System	550
FACILITIES REPORTED BY		Under 65 Years Old	2	Digestive System	200
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	244
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	67	Skin Disorders	106
NON-PROFIT OWNERSHIP	28	Infectious Disease w/ Isolation	20	Musculo-skeletal Disorders	453
FOR PROFIT OWNERSHIP	45	Other Restrictions	5	Injuries and Poisonings	123
		No Restrictions	0	Other Medical Conditions	1,248
CONTINUING CARE COMMUNITY	3			Non-Medical Conditions	150
LIFE CARE FACILITY	7			TOTALS	7,587
Reported Identified Offenders	456	Total Ro	esidents Diagnosed v	vith Mental Illness	2,533

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 2	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	7 440
Nursing Care	8,768	8,387	7,662	8,207	7,028	1,740	6214	7362	Residents on 1/1/2013	7,416
Skilled Under 22	67	67	66	1	66	1		67	Total Admissions 2013	23,584
Intermediate DD	308	307	284	306	277	31		308	Total Discharges 2013	23,627
Sheltered Care	107	85	84	85	74	33			Residents on 12/31/2013	7,373
TOTAL BEDS	9,250	8,846	8,096	8,599	7,445	1,805	6214	7785		

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	485,398	21.3%	1,710,614	63.5%	39,771	120,667	212,707	5,506	2,574,663	80.2%	83.9%
Skilled Under 22			24,090	98.2%	0	0	0	0	24,090	98.2%	98.2%
Intermediate DD			101,237	89.8%	0	0	247	0	101,484	90.0%	90.3%
Sheltered Care					0	0	24,543	3,368	27,911	71.3%	89.7%
TOTALS	485,398	21.3%	1,835,941	64.4%	39,771	120,667	237,497	8,874	2,728,148	80.6%	84.3%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	52	23	19	0	0	0	0	23	71	94		
18 to 44	301	182	13	11	49	32	0	0	363	225	588		
45 to 59	856	496	0	0	66	69	0	0	922	565	1,487		
60 to 64	463	283	0	0	15	22	0	0	478	305	783		
65 to 74	533	606	0	0	3	9	0	0	536	615	1,151		
75 to 84	487	929	0	0	4	8	1	5	492	942	1,434		
85+	406	1,434	0	0	0	0	9	59	415	1,493	1,908		
TOTALS	3,046	3,982	36	30	137	140	10	64	3,229	4,216	7,445		

LEVEL			Other		Private	Charit	У	AVERAGE DA	ALY PAYMENT	RATES	
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLI	E DOUBLE	
Nursing Care	1,403	4,564	157	338	558	17	7,037	Nursing Care	258	3 232	
Skilled Under 22	0	66	0	0	0	0	66	Skilled Under 22	582	2 0	
ICF/DD		277	0	0	0	0	277	Intermediate DD	146	174	
Sheltered Care			0	0	64	10	74	Shelter	164	0	
TOTALS	1,403	4,907	157	338	622	27	7,454				
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING			ST.	AFFING		
		Nursing	Skilled		Shelter	ed		EMPLOYMENT	FUL	L-TIME	
RACE		Care	Under 22	! ICF/DE	) Care	)	Totals	CATEGORY	EQUI	IVALENT	
Asian		26	0	1	(	0	27	Administrators		71.02	
American Indian		7	0	0	(	0	7	Physicians		62.00	
Black		3,049	49	58	(	0	3,156	Director of Nursing		60.00	
Hawaiian/Pacific I	sl.	2	0	0	(	0	2	Registered Nurses		718.78	
White		3,879	9	217	74	4	4,179	LPN's		796.51	
Race Unknown		65	8	1	(	0	74	Certified Aides		2355.82	
Total		7,028	66	277	74	4	7,445	Other Health Staff		753.58	
								Non-Health Staff		1877.52	
		Nursing	Skilled		Shelter	ed		Totals		6695.23	
ETHNICITY		Care	Under 22	2 ICF/DE	) Care	Э	Totals				
Hispanic		234	8	9		0	251				
Non-Hispanic		6,140	58	268	7	4	6,540				
Ethnicity Unknown	า	654	0	0		0	654				
Total		7,028	66	277	7	4	7,445				
			ı	NET REVEN	NUE BY PA	YOR S	OURCE (Fisc	al Year Data)			
								Ch	arity Cha	arity Care	
Medicare	ľ	Medicaid	Other P	ublic Priv	ate Insurar	nce	Private Pay	TOTALS C	are Expen	se as % of	
39.0%		43.6%	•	1.2%	6.8	8%	9.5%	100.0% Ex	pense* Total I	Net Revenue	
228,882,453	2	256,125,032	6,822,	091	40,247,39	95	55,541,257	587,618,228 1,89	2,331	0.3%	

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING AREA	Kane	
HEALTH SERVICE AREA	008	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	20	DIAGNOSIS	
TOTAL FACILITIES	30	Chronic Alcoholism	17	Neoplasms	55
HOSPITAL BASED UNITS	0	Developmentally Disabled	11	Endocrine/Metabolic	122
FREE STANDING FACILITIES	30	Drug Addiction	18	Blood Disorders	18
		Medicaid Recipient	0	Nervous System Non Alzheimer	145
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	257
NURSING CARE BEDS ONLY	22	Mental Illness	11	Mental Illness	159
DD CARE BEDS ONLY	7	Non-Ambulatory	0	Developmental Disability	123
MULTI-LICENSED FACILITIES	1	Non-Mobile	0	Circulatory System	348
		Public Aid Recipient	4	Respiratory System	205
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	44
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	87
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	28	Skin Disorders	28
NON-PROFIT OWNERSHIP	14	Infectious Disease w/ Isolation	7	Musculo-skeletal Disorders	144
FOR PROFIT OWNERSHIP	16	Other Restrictions	4	Injuries and Poisonings	74
		No Restrictions	1	Other Medical Conditions	307
CONTINUING CARE COMMUNITY	2			Non-Medical Conditions	47

TOTALS

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

3

47

LIFE CARE FACILITY

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Desidents on 4/4/2042	0.4
Nursing Care	2,504	2,477	2,225	2,473	1,993	511	1712	1835	Residents on 1/1/2013	2,16
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	4,99
Intermediate DD	112	112	112	112	112	0		80	Total Discharges 2013	4,99
Sheltered Care	103	103	58	103	58	45			Residents on 12/31/2013	2,16
TOTAL BEDS	2,719	2,692	2,395	2,688	2,163	556	1712	1915	_	

### FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Mod	icare	Medi	a a i d	Other Public Pay	Private	Private	Charity	TOTAL	Licensed Beds	Peak Beds
1 EVEL OF OARE					,	Insurance	Pay	Care	_		Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	112,225	17.9%	459,781	68.5%	9,962	22,297	130,723	9	734,997	80.2%	81.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			40,221	137.4%	0	0	535	0	40,756	99.4%	99.4%
Sheltered Care					0	0	27,867	0	27,867	73.9%	73.9%
TOTALS	112,225	17.9%	500,002	71.3%	9,962	22,297	159,125	9	803,620	80.8%	81.6%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014												
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL		
Under 18	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	21	38	0	0	35	37	0	0	56	75	131		
45 to 59	117	80	0	0	10	27	4	0	131	107	238		
60 to 64	64	80	0	0	1	0	1	3	66	83	149		
65 to 74	131	174	0	0	2	0	4	5	137	179	316		
75 to 84	165	331	0	0	0	0	1	12	166	343	509		
85+	165	627	0	0	0	0	7	21	172	648	820		
TOTALS	663	1,330	0	0	48	64	17	41	728	1,435	2,163		

2,163

531

Certified Aides

Other Health Staff

Non-Health Staff

Totals

883.05

108.74

741.29

2339.18

RESI	IDENTS B	Y PAYMENT	SOURC	E AND LEVI	EL OF CA	\_				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE I	OOUBLE
Nursing Care	290	1,292	26	50	335	0	1,993	Nursing Care	266	212
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		95	16	0	1	0	112	Intermediate DD	0	271
Sheltered Care			0	0	58	0	58	Shelter	42	0
TOTALS	290	1,387	42	50	394	0	2,163			
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFFI	NG	
		Nursing	Skilled		Shelte	red		EMPLOYMENT	FULL-TI	ME
RACE		Care	Under 2	2 ICF/DE	) Car	е Т	Totals	CATEGORY	EQUIVAL	ENT.
			_							
Asian		25	0	8		0	33	Administrators	2	4.90
Asıan American Indian		25 4	0	_		0	33 4	Administrators Physicians		4.90 3.05
		_	-	0		•			4	
American Indian	sl.	4	0	0 15		0	4	Physicians	4:	3.05

0

59

2,163

68

ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals
Hispanic	120	0	5	1	126
Non-Hispanic	1,856	0	107	57	2,020
Ethnicity Unknown	17	0	0	0	17
Total	1,993	0	112	58	2,163

0

0

112

1

1,993

67

Total

Race Unknown

### **NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
34.1%	40.8%	0.7%	5.1%	19.3%	100.0%	Expense*	Total Net Revenue	
56,236,184	67,283,881	1,181,834	8,494,179	31,765,075	164,961,153	344,770	0.2%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC	C PLANNING ARE	A Lake	
HEALTH SERVICE AREA	800	ADMISSION RESTRICTION	S	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	23	DIAGNOSIS	
TOTAL FACILITIES	36	Chronic Alcoholism	27	Neoplasms	61
HOSPITAL BASED UNITS	1	Developmentally Disabled	21	Endocrine/Metabolic	223
FREE STANDING FACILITIES	35	Drug Addiction	29	Blood Disorders	44
		Medicaid Recipient	4	Nervous System Non Alzheimer	249
FACILITIES LICENSED FOR:		Medicare Recipient	5	Alzheimer Disease	212
NURSING CARE BEDS ONLY	28	Mental Illness	15	Mental Illness	421
DD CARE BEDS ONLY	8	Non-Ambulatory	4	Developmental Disability	313
MULTI-LICENSED FACILITIES	0	Non-Mobile	5	Circulatory System	489
		Public Aid Recipient	3	Respiratory System	266
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	83
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	120
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	34	Skin Disorders	55
NON-PROFIT OWNERSHIP	12	Infectious Disease w/ Isolation	10	Musculo-skeletal Disorders	208

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

3

**Total Residents Diagnosed with Mental Illness** 

102

488

45

3,379

723

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Other Restrictions

No Restrictions

23

4

4

59

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AN DISCHARGES - 20	_
									Residents on 1/1/2013	3,600
Nursing Care	4,494	4,164	3,657	4,150	3,291	1,203	3077	3377	Total Admissions 2013	12,381
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2013	12,194
Intermediate DD	293	293	279	293	276	17		293	J	, -
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	3,787
TOTAL BEDS	4,787	4,457	3,936	4,443	3,567	1,220	3077	3670		

LEVEL OF CARE	Med Pat. davs	icare Occ. Pct.	Medic Pat. days (		Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	234,044	20.8%	726,224	58.8%	12,122	37,510	195,170	1,470	1,206,540	73.4%	79.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			89,953	83.9%	6,247	0	1,089	0	97,289	90.7%	90.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	234,044	20.8%	816,177	60.8%	18,369	37,510	196,259	1,470	1,303,829	74.4%	79.9%

	NURSIN	IG CARE		<b>GE GROUP, S</b> NDER 22		EVEL OF CA		TERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	21	0	0	0	21	21
18 to 44	77	37	0	0	16	60	0	0	93	97	190
45 to 59	239	179	0	0	31	64	0	0	270	243	513
60 to 64	140	117	0	0	9	22	0	0	149	139	288
65 to 74	257	331	0	0	14	17	0	0	271	348	619
75 to 84	273	471	0	0	6	11	0	0	279	482	761
85+	307	863	0	0	0	5	0	0	307	868	1,175
TOTALS	1.293	1.998	0	0	76	200	0	0	1.369	2.198	3.567

RES	SIDENTS B	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE				
LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT I	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	665	1,906	38	148	531	3	3,291	Nursing Care	285	227
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		273	0	0	3	0	276	Intermediate DD	155	172
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	665	2,179	38	148	534	3	3,567			
	DESIDEN	TC DV DAC	IAI /ETU	NICITY GPC	NIDING			STAFE	ING	

RESI	DENTS BY RA	CIAL/ETHNIC	ITY GROU	PING		STAFFI	NG
RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Asian	81	0	9	0	90	Administrators	34.61
American Indian	2	0	0	0	2	Physicians	1.40
Black	292	0	20	0	312	Director of Nursing	34.00
Hawaiian/Pacific Isl.	7	0	0	0	7	Registered Nurses	536.85
White	2,769	0	247	0	3,016	LPN's	310.33
Race Unknown	140	0	0	0	140	Certified Aides	1475.10
Total	3,291	0	276	0	3,567	Other Health Staff	299.27
	-, -				-,	Non-Health Staff	1299.50
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals	Totals	3991.06
Hispanic	164	0	7	0	171		
Non-Hispanic	3,122	0	269	0	3,391		
Ethnicity Unknown	5	0	0	0	5		
Total	3,291	0	276	0	3,567		

### NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
31.6%	25.4%	0.6%	4.6%	37.8%	100.0%	Expense*	Total Net Revenue	
124,717,668	100,405,060	2,269,343	18,325,299	149,072,895	394,790,265	537,272	0.1%	

<sup>\*</sup>Charity Expense does not include expenses which may be considered a community benefit.

HEALTH SERVICE AREA	800	ADMISSION RESTRICTIONS Aggressive/Anti-Social	8	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	11	Chronic Alcoholism	6	Neoplasms	3
HOSPITAL BASED UNITS	2	Developmentally Disabled	3	Endocrine/Metabolic	36
FREE STANDING FACILITIES	9	Drug Addiction	8	Blood Disorders	5
THEE STANDING PAGE TIES	Ŭ	Medicaid Recipient	2	Nervous System Non Alzheimer	62
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	114
NURSING CARE BEDS ONLY	8	Mental Illness	3	Mental Illness	65
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	91
MULTI-LICENSED FACILITIES	2	Non-Mobile	1	Circulatory System	160
		Public Aid Recipient	2	Respiratory System	63
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	20
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	30
GOVERNMENTAL OWNERSHIP	2	Ventilator Dependent	8	Skin Disorders	9
NON-PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	70
FOR PROFIT OWNERSHIP	6	Other Restrictions	0	Injuries and Poisonings	11
		No Restrictions	0	Other Medical Conditions	63
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	802
Reported Identified Offenders	0	Total Residents	Diagnose	d with Mental Illness	175

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanta an 4/4/0040	007
Nursing Care	997	1,006	752	981	668	329	943	824	Residents on 1/1/2013	807
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	2,388
Intermediate DD	96	96	91	96	90	6		94	Total Discharges 2013	2,393
Sheltered Care	63	63	46	63	44	19			Residents on 12/31/2013	802
TOTAL BEDS	1,156	1,165	889	1,140	802	354	943	918		

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Med	icaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	54,219	15.7%	114,487	38.0%	13,738	7,150	49,919	39	239,552	65.6%	65.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			31,728	92.2%	940	0	0	0	32,668	93.0%	93.0%
Sheltered Care					0	0	1,233	1,577	2,810	12.2%	12.2%
TOTALS	54,219	15.7%	146,215	43.5%	14,678	7,150	51,152	1,616	275,030	65.0%	64.5%

		RESIDE	NTS BY A	GE GROUP, S	SEX AND L	EVEL OF CA	RE - DECI	EMBER 31, 20	14		
	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	9	12	0	0	12	13	25
45 to 59	12	20	0	0	19	13	0	0	31	33	64
60 to 64	18	10	0	0	11	10	0	0	29	20	49
65 to 74	47	56	0	0	5	5	1	3	53	64	117
75 to 84	64	111	0	0	2	2	0	7	66	120	186
85+	70	256	0	0	2	0	7	26	79	282	361
TOTALS	214	454	0	0	48	42	8	36	270	532	802

LEVEL			Other		Private	Charity		AVERAGE DAILY	PAYMENT I	RATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	302	44	17	145	0	668	Nursing Care	319	293
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		87	3	0	0	0	90	Intermediate DD	135	135
Sheltered Care			0	0	39	5	44	Shelter	157	152
TOTALS	160	389	47	17	184	5	802			
	RESIDEN	TS BY RAC	IAL/ETH	NICITY GRO	UPING			STAFF	ING	
		Nursing	Skilled		Shelte			EMPLOYMENT	FULL-	
RACE		Care	Under 2	2 ICF/DD	) Car	e ¯	Γotals	CATEGORY	EQUIV	ALENT
Asian		3	0	0		0	3	Administrators		11.00
American Indian		0	0	0		0	0	Physicians		1.00
Black		2	0	6		0	8	Director of Nursing		10.00
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses		99.52
White		656	0	84	4	4	784	LPN's		55.53
Race Unknown		7	0	0		0	7	Certified Aides	2	286.66
Total		668	0	90	4	4	802	Other Health Staff		63.87
								Non-Health Staff		177.41
		Nursing	Skilled		Shelte		_	Totals	7	704.99
ETHNICITY		Care	Under 2	2 ICF/DE	) Car	e	Totals			
Hispanic		13	0	5		0	18			
Non-Hispanic		649	0	85	4	14	778			
Ethnicity Unknown	1	6	0	0		0	6			
Total		668	0	90	4	14	802			

						Charity	Charity Care	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
40.3%	30.3%	4.2%	4.0%	21.2%	100.0%	Expense*	Total Net Revenue	
28,209,093	21,229,093	2,931,347	2,800,129	14,853,888	70,023,550	32,036	0.0%	

 $<sup>^{\</sup>star}$ Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SU	JMMARY-CA	LENDAR YEAR 2014 LTC F	PLANNING AREA	<b>A</b> Grundy	
HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS Aggressive/Anti-Social	2	RESIDENTS BY PRIMARY DIAGNOSIS	NOSIS
TOTAL FACILITIES	2	Chronic Alcoholism	0	Neoplasms	5
HOSPITAL BASED UNITS	0	Developmentally Disabled	0	Endocrine/Metabolic	21
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	12
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	34
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness	6
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	27
		Public Aid Recipient	0	Respiratory System	26

		Public Aid Recipient	0	Respiratory System	26
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	1
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	2
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	1	Skin Disorders	0
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	48
FOR PROFIT OWNERSHIP	2	Other Restrictions	0	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	0
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	Λ			TOTALS	184

### **Total Residents Diagnosed with Mental Illness**

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

**Reported Identified Offenders** 

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	i
Nursing Care	265	265	239	265	184	81	126	241	Residents on 1/1/2013 Total Admissions 2013	223 499
Skilled Under 22 Intermediate DD	0 0	0 0	0 0	0	0	0 0		0 0	Total Discharges 2013	528
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	194
TOTAL BEDS	265	265	239	265	184	81	126	241		

### **FACILITY UTILIZATION - 2014**

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medi Pat. days	icare Occ. Pct.	Med Pat. days	licaid Occ. Pct.	Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14,007	30.4%	35,083	39.8%	0	397	23,249	0	72,736	75.0%	75.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14,007	30.4%	35,083	39.8%	0	397	23,249	0	72,736	75.0%	75.0%

RESIDENTS BY AGE GROUP	SEX AND LEVEL OF CARE - DECEMBER 31, 2014	

	NURSIN	IG CARE	SKL U	INDER 22	INTER	ERMED. DD SHELTERED TOTAL		TOTAL			
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	23	41	0	0	0	0	0	0	23	41	64
85+	18	75	0	0	0	0	0	0	18	75	93
TOTALS	54	130	0	0	0	0	0	0	54	130	184

7

4,443,331

4,009,680

0

\*Charity Expense does not include expenses which may be considered a community benefit.

LEVEL			Other		Private	Charity			AVERA	GE DAILY PA	YMENT RA	TES	
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS		LEVEL OF (	CARE	SINGLE [	OOUBLE	
Nursing Care	29	79	0	0	76	0	184		Nursing Ca	are	188	163	
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	der 22	0	0	
ICF/DD		0	0	0	0	0	0		Intermedia	te DD	0	0	
Sheltered Care			0	0	0	0	0		Shelter		0	0	
TOTALS	29	79	0	0	76	0	184						
	RESIDE	ITS BY RAC	IAL/ETHNI	CITY GRO	UPING					STAFFING	i		
RACE		Nursing Care	Skilled Under 22	ICF/DD	Shelter Care		Totals		EMPLOYM CATEGO		FULL-TII EQUIVAL		
Asian		0	0	0		0	0	_	Administrator	·s		2.00	
American Indian		0	0	0		0	0		Physicians	5		0.00	
Black		1	0	0		0	1		Director of Nursing			2.00	
Hawaiian/Pacific I	sl.	1	0	0		0	1		Registered Nurses			7.00	
White		181	0	0		0	181		LPN's		27.00		
Race Unknown		1	0	0		0	1		Certified Aide	es	101.00		
Total		184	0	0		0	184		Other Health	ther Health Staff 14		4.00	
								_	Non-Health S	Staff	96	6.00	
ETI IN II OLTY		Nursing Care	Skilled Under 22	ICF/DD	Shelte		Totals		Totals		269	9.00	
ETHNICITY													
Hispanic		3	0	0		0	3						
Non-Hispanic		180	0	0		0	180						
Ethnicity Unknow	n	1	0	0		0	1						
Total		184	0	0		0	184						
			N	ET REVEN	UE BY PA	YOR SO	OURCE (Fis	cal Year Da	nta)				
										Charity	Charity	Care	
Medicare	N	/ledicaid	Other Pu	ıblic Priv	ate Insurai	nce	Private Pay	y	TOTALS	Care	Expense a	s % of	
32.1%		29.0%	0	.0%	1.3	8%	37.19	%	100.0%	Expense*	Total Net F	Revenue	

249,658

5,128,251

13,830,920

0.0%

ILLINOIS LONG-TERM CARE DATA SU	MMARY-CA	LENDAR YEAR 2014 L	TC PLANNING AREA	Kankakee	
HEALTH SERVICE AREA	009	ADMISSION RESTRICTION Aggressive/Anti-Social	<b>DNS</b> 16	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS
TOTAL FACILITIES	20	Chronic Alcoholism	14	Neoplasms	24
HOSPITAL BASED UNITS	0	Developmentally Disabled	6	Endocrine/Metabolic	28
FREE STANDING FACILITIES	20	Drug Addiction	15	Blood Disorders	1
		Medicaid Recipient	1	Nervous System Non Alzheimer	84
FACILITIES LICENSED FOR:		Medicare Recipient	9	Alzheimer Disease	124
NURSING CARE BEDS ONLY	8	Mental Illness	2	Mental Illness	340
DD CARE BEDS ONLY	11	Non-Ambulatory	1	Developmental Disability	102
MULTI-LICENSED FACILITIES	1	Non-Mobile	1	Circulatory System	181
		Public Aid Recipient	1	Respiratory System	54
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	21
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	22
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	20	Skin Disorders	7
NON-PROFIT OWNERSHIP	14	Infectious Disease w/ Isolation	11	Musculo-skeletal Disorders	78
FOR PROFIT OWNERSHIP	5	Other Restrictions	0	Injuries and Poisonings	11
		No Restrictions	0	Other Medical Conditions	103
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	0
LIFE CARE FACILITY	1			TOTALS	1,180

31

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	4.00
Nursing Care	1,368	1,316	1,206	1,228	1,047	321	676	810	Residents on 1/1/2013	1,22
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	1,97
Intermediate DD	112	112	101	112	101	11		112	Total Discharges 2013	2,010
Sheltered Care	79	36	36	36	32	47			Residents on 12/31/2013	1,19
TOTAL BEDS	1,559	1,464	1,343	1,376	1,180	379	676	922	_	

**Total Residents Diagnosed with Mental Illness** 

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medio	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	46,137	18.6%	189,119	63.8%	5,271	5,984	137,352	0	383,863	76.7%	79.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			35,908	87.6%	0	0	0	0	35,908	87.6%	87.6%
Sheltered Care					0	0	10,383	0	10,383	35.9%	78.8%
TOTALS	46,137	18.6%	225,027	66.7%	5,271	5,984	147,735	0	430,154	75.4%	80.3%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECI	MBER 31, 20	14		
	NURSING CARE		SKL U	SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	43	20	0	0	15	7	0	0	58	27	85
45 to 59	89	59	0	0	26	14	0	0	115	73	188
60 to 64	40	26	0	0	13	7	0	0	53	33	86
65 to 74	106	58	0	0	14	3	0	0	120	61	181
75 to 84	104	105	0	0	1	1	8	0	113	106	219
85+	192	205	0	0	0	0	0	24	192	229	421
TOTALS	574	473	0	0	69	32	8	24	651	529	1,180

588

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	/ TOTA	LS	AVERAG LEVEL OF G	GE DAILY PA		ATES DOUBLE
Nursing Care	116	525	3	16	387	0	1,04	17	Nursing Ca	ire	184	169
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0
ICF/DD		101	0	0	0	0	10	)1	Intermediat	te DD	140	172
Sheltered Care			0	0	32	0	3	32	Shelter		143	130
TOTALS	116	626	3	16	419	0	1,18	80				
	RESIDEN	NTS BY RAC	IAL/ETHI	NICITY GRO	UPING					STAFFING	<b>i</b>	
RACE		Nursing Care	Skilled Under 22	2 ICF/DI	Shelte Car		Totals		EMPLOYM CATEGO		FULL-TI EQUIVAL	
Asian		6	0	C		0	6		Administrator	S	18	8.47
American Indian		0	0	1		0	1		Physicians		3.0	
Black		168	0	21		0	189		Director of Nu	ursing	9.00	
Hawaiian/Pacific I	sl.	1	0	0		0	1		Registered Nurses		15	3.47
White		867	0	78		32	977		LPN's		12:	2.60
Race Unknown		5	0	1		0	6		Certified Aide	es .	532.50	
Total		1,047	0	101	3	32	1,180		Other Health	Staff	8	5.97
									Non-Health S	taff	30	0.00
ETHNICITY		Nursing Care	Skilled Under 2	2 ICF/D	Shelte D Ca		Totals		Totals		122	5.01
Hispanic		15	0	5		0	20					
Non-Hispanic		747	0			32	875					
Ethnicity Unknowr	1	285	0			0	285					
Total		1,047	0	101	;	32	1,180					
				NET REVE	NUE BY P	AYOR S	OURCE (	Fiscal Ye	ear Data)			
										Charity	Charity	Care
Medicare	N	/ledicaid	Other F	Public Pri	vate Insura	ance	Private	Pay	TOTALS	Care	Expense a	as % of
46.4%		26.2%	1	1.6%	1	.8%	14	4.1%	100.0%	Expense*	Total Net I	Revenue
50,252,062		28,342,274	12,582	,479	1,930,3	317	15,268,	,148	108,375,280	0	0	.0%
*Charity Expense d	nes not inc	clude expens	es which	may be con	sidered a	commun	ity henefit					

ILLINOIS LONG-TERM CARE DATA	SUMMARY-CALEN	IDAR YEAR 2014	LTC PLANNING AREA	Kendall
HEALTH SERVICE AREA	009	ADMISSION REST	TRICTIONS	RESIDENTS BY PRIMARY DIAG

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	2	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	1	Neoplasms	3
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	7
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	11
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	6
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	0
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	29
		Public Aid Recipient	0	Respiratory System	18
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	7
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	10
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	5
NON-PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	34
FOR PROFIT OWNERSHIP	2	Other Restrictions	0	Injuries and Poisonings	2
		No Restrictions	0	Other Medical Conditions	11
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	145
Reported Identified Offenders	1	Total Residents	Diagnosed	l with Mental Illness	0

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	185	175	165	159	145	40	169	66	Residents on 1/1/2013	146
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	893
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	894
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	145
TOTAL BEDS	185	175	165	159	145	40	169	66	_	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	icare	Medi	icaid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	20,567	33.3%	8,847	36.6%	1,009	8,100	13,435	0	51,958	76.7%	81.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	20,567	33.3%	8,847	36.6%	1,009	8,100	13,435	0	51,958	76.7%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	ŀ
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	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	20	0	0	0	0	0	0	6	20	26
75 to 84	15	35	0	0	0	0	0	0	15	35	50
85+	10	48	0	0	0	0	0	0	10	48	58
TOTALS	36	109	0	0	0	0	0	0	36	109	145

LEVEL			Other		Private	Charity			AVERA	GE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid		Insurance	Pay	Care	TOTALS	S	LEVEL OF (			OUBLE
Nursing Care	62	17	7	21	38	0	145	<u> </u>	Nursing Ca	ire	305	210
Skilled Under 22	0	0	0	0	0	0	0	)	Skilled Und	ler 22	0	0
ICF/DD		0	0	0	0	0	0	)	Intermedia	te DD	0	0
Sheltered Care			0	0	0	0	0	)	Shelter		0	0
TOTALS	62	17	7	21	38	0	145	<u> </u>				
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	DUPING					STAFFING		
		Nursing	Skilled		Shelte				<b>EMPLOYN</b>		FULL-TIN	
RACE		Care	Under 22	2 ICF/DI	D Car	e ·	Totals		CATEGO	PRY	EQUIVAL	ENT
Asian		0	0	C	)	0	0	_	Administrator	S	2	2.00
American Indian		0	0	C	)	0	0		Physicians		C	.00
Black		1	0	0	)	0	1		Director of Nursing		2.00	
Hawaiian/Pacific I	sl.	0	0	0	)	0	0		Registered N	urses	44.00	
White		144	0	0	)	0	144		LPN's		9.00	
Race Unknown		0	0	0	)	0	0		Certified Aide		81.00	
Total		145	0	O	)	0	145		Other Health	Staff	3.00	
								_	Non-Health S	taff	66	5.00
		Nursing	Skilled		Shelte	ered			Totals		207	.00
ETHNICITY		Care	Under 22	2 ICF/D			Totals					
Hispanic		1	0	0	)	0	1					
Non-Hispanic		144	0	0		0	144					
Ethnicity Unknown	n	0	0	0		0	0					
Total		145	0	0	)	0	145					
			ı	NET REVE	NUE BY P	AYOR SO	OURCE (Fi	iscal Year Da	ata)			
										Charity	Charity	Care
Medicare	ľ	Medicaid	Other P		vate Insura		Private Pa	ay	TOTALS	Care	Expense a	
58.7%		6.2%		0.7%		.7%	15.		100.0%	Expense*	Total Net F	
11,301,178		1,185,385	135,	,000	3,610,	795	3,035,2	268	19,267,626	0	0.	0%

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS	;	RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	13	DIAGNOSIS	
TOTAL FACILITIES	24	Chronic Alcoholism	14	Neoplasms	35
HOSPITAL BASED UNITS	0	Developmentally Disabled	10	Endocrine/Metabolic	86
FREE STANDING FACILITIES	24	Drug Addiction	14	Blood Disorders	27
		Medicaid Recipient	0	Nervous System Non Alzheimer	96
FACILITIES LICENSED FOR:		Medicare Recipient	3	Alzheimer Disease	202
NURSING CARE BEDS ONLY	15	Mental Illness	6	Mental Illness	396
DD CARE BEDS ONLY	7	Non-Ambulatory	1	Developmental Disability	111
MULTI-LICENSED FACILITIES	2	Non-Mobile	4	Circulatory System	357
		Public Aid Recipient	4	Respiratory System	184
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	38
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	113
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	21	Skin Disorders	26
NON-PROFIT OWNERSHIP	7	Infectious Disease w/ Isolation	8	Musculo-skeletal Disorders	154
FOR PROFIT OWNERSHIP	16	Other Restrictions	2	Injuries and Poisonings	40
		No Restrictions	3	Other Medical Conditions	358

Non-Medical Conditions

**TOTALS** 

**Total Residents Diagnosed with Mental Illness** 

32

2,255

711

3

3

77

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanta an 4/4/0040	0.00
Nursing Care	2,718	2,641	2,271	2,641	2,119	599	2025	2323	Residents on 1/1/2013	2,29
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	4,27
Intermediate DD	112	112	108	112	105	7		112	Total Discharges 2013	4,54
Sheltered Care	56	56	40	56	38	18			Residents on 12/31/2013	2,02
TOTAL BEDS	2,886	2,809	2,419	2,809	2,262	624	2025	2435	_	

	Medi	icare	Medi	raid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days		Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	140,887	19.0%	475,669	55.9%	7,516	21,941	108,822	1,344	756,179	76.0%	78.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			37,683	91.9%	385	0	0	0	38,068	92.9%	92.9%
Sheltered Care					0	0	12,338	0	12,338	60.2%	60.2%
TOTALS	140,887	19.0%	513,352	57.6%	7,901	21,941	121,160	1,344	806,585	76.4%	78.5%

	NURSIN	IG CARE		NDER 22		RMED. DD		E <b>MBER 31, 20</b> LTERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	31	26	0	0	21	12	0	0	52	38	90
45 to 59	140	108	0	0	32	17	0	0	172	125	297
60 to 64	75	69	0	0	7	8	0	0	82	77	159
65 to 74	140	200	0	0	5	1	0	1	145	202	347
75 to 84	192	343	0	0	0	1	2	15	194	359	553
85+	149	646	0	0	0	1	2	18	151	665	816
TOTALS	727	1.392	0	0	65	40	4	34	796	1.466	2.262

RES	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF C	ARE				
LEVEL			Other		Private	Ch	arity		AVERAGE DAILY PAYMENT RATE	ES
OF CARE	Medicare	Medicaid	Public	Insurance	e Pay	С	are	TOTALS	LEVEL OF CARE SINGLE DO	UBLE
Nursing Care	432	1,284	23	45	334		1	2,119	Nursing Care 232	208
Skilled Under 22	0	0	0	0	0		0	0	Skilled Under 22 0	0
ICF/DD		105	0	0	0		0	105	Intermediate DD 181	199
Sheltered Care			0	0	38		0	38	Shelter 149	180
TOTALS	432	1,389	23	45	372		1	2,262		
	RESIDEI	NTS BY RAC	IAL/ETH	NICITY GF	ROUPING				STAFFING	
		Nursing	Skilled			tered			EMPLOYMENT FULL-TIME	
RACE		Care	Under 2	2 ICF/[	DD C	are	Т	otals	CATEGORY EQUIVALEN	NT
Asian		19	0		1	0		20	Administrators 22.0	00
American Indian		1	0		1	0		2	Physicians 9.0	0
Black		316	0	2	21	0		337	Director of Nursing 20.0	00
Hawaiian/Pacific I	sl.	1	0		1	0		2	Registered Nurses 288.6	2
White		1,778	0	7	77	38	1	,893	LPN's 252.0	0
Race Unknown		4	0		4	0		8	Certified Aides 1007.2	
Total		2,119	0	10	)5	38	2	2,262	Other Health Staff 116.4	
									Non-Health Staff 1013.1	7
		Nursing	Skilled		Shel	tered			Totals 2728.4	5
ETHNICITY		Care	Under 2	2 ICF/I	DD C	are	1	otals		
Hispanic		83	0		7	0		90		
Non-Hispanic		2,035	0	9	8	38	2	2,171		
Ethnicity Unknown	า	1	0	1	0	0		1		
Total		2,119	0	10	5	38	2	2,262		
				NET REV	ENUE BY	PAYO	R SO	URCE (Fisc	cal Year Data)	
									Charity Charity Ca	are
Medicare	ľ	Medicaid	Other F	Public P	rivate Insu	rance		Private Pay	y TOTALS Care Expense as S	% of
38.6%		42.0%		1.3%		5.7%		12.5%	% 100.0% Expense* Total Net Re	venue
61,526,798		66,933,425	2,096	5,095	9,024	,705		19,911,103	3 159,492,126 150,537 0.1%	6

	040				
HEALTH SERVICE AREA	010	ADMISSION RESTRICTIONS	_	RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	2	DIAGNOSIS	
TOTAL FACILITIES	5	Chronic Alcoholism	1	Neoplasms	3
HOSPITAL BASED UNITS	1	Developmentally Disabled	1	Endocrine/Metabolic	15
FREE STANDING FACILITIES	4	Drug Addiction	1	Blood Disorders	1
		Medicaid Recipient	0	Nervous System Non Alzheimer	29
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	35
NURSING CARE BEDS ONLY	5	Mental Illness	2	Mental Illness	75
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	6
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	62
		Public Aid Recipient	0	Respiratory System	25
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	7
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	9
GOVERNMENTAL OWNERSHIP	2	Ventilator Dependent	3	Skin Disorders	5
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	32

3

**Total Residents Diagnosed with Mental Illness** 

Injuries and Poisonings Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

2

0

0

20

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	ŀ
Nursing Care Skilled Under 22 Intermediate DD Sheltered Care	500 0 0	500 0 0	427 0 0	500 0 0	372 0 0	128 0 0	430	466 0 0	Residents on 1/1/2013 Total Admissions 2013 Total Discharges 2013 Residents on 12/31/2013	393 528 549 372
TOTAL BEDS	500	500	427	500	372	128	430	466	-	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medi	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,406	6.6%	83,480	48.9%	136	709	46,880	0	141,611	77.4%	77.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10,406	6.6%	83,480	48.9%	136	709	46,880	0	141,611	77.4%	77.4%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	25	25	0	0	0	0	0	0	25	25	50
60 to 64	11	10	0	0	0	0	0	0	11	10	21
65 to 74	22	20	0	0	0	0	0	0	22	20	42
75 to 84	21	64	0	0	0	0	0	0	21	64	85
85+	30	137	0	0	0	0	0	0	30	137	167
TOTALS	112	260	0	0	0	0	0	0	112	260	372

7

61

372

112

0

LEVEL			Other		Private	Charit	У		AVERA	GE DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TO	TALS	LEVEL OF (	CARE	SINGLE [	OOUBLE
Nursing Care	28	208	4	2	130	0		372	Nursing Ca	ire	163	151
Skilled Under 22	0	0	0	0	0	0		0	Skilled Und	ler 22	0	0
ICF/DD		0	0	0	0	0		0	Intermedia	te DD	0	0
Sheltered Care			0	0	0	0		0	Shelter		138	0
TOTALS	28	208	4	2	130	0		372				
	RESIDE	NTS BY RAC	IAL/ETH	NICITY GR	DUPING					STAFFING	i	
		Nursing	Skilled		Shelt				EMPLOYM		FULL-TII	
RACE		Care	Under 2	2 ICF/D	D Ca	are	Totals		CATEGO	PRY	EQUIVAL	ENT.
Asian		0	0	(	)	0	0		Administrator	S		5.00
American Indian		0	0	(	)	0	0		Physicians		(	0.00
Black		5	0	(	)	0	5		Director of Nu	ırsing	;	5.00
Hawaiian/Pacific I	sl.	0	0	(	)	0	0		Registered Nurses		2	5.45
White		367	0	(	)	0	367		LPN's		45.71	
Race Unknown		0	0	(	)	0	0		Certified Aides		138.71	
Total		372	0	(	)	0	372		Other Health		26.69	
									Non-Health S	taff	102	2.80
		Nursing	Skilled		Shelt	ered			Totals		349	9.36
ETHNICITY		Care	Under 2	2 ICF/D		are	Totals					
Hispanic		5	0	(	)	0	5	<del></del>				
Non-Hispanic		367	0	(	)	0	367					
Ethnicity Unknow	า	0	0	(	)	0	0					
Total		372	0	(	)	0	372					
				NET REVE	NUE BY F	PAYOR S	OURC	E (Fiscal Y	ear Data)			
										Charity	Charity	Care
Medicare	N	/ledicaid	Other F	Public Pr	ivate Insur	ance	Priva	te Pay	TOTALS	Care	Expense a	s % of
21.0%		45.5%		0.1%		1.5%		31.9%	100.0%	Expense*	Total Net I	Revenue
4,485,478		9,734,031	15	5,607	324	668	6.8	16,600	21,376,384	22,421	0.	.1%

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 20	1/
ILLINOIS LONG-TERM CARE DATA SUMMART-CALENDAR TEAR 20	14

LTC PLANNING AREA

Mercer

HEALTH SERVICE AREA	010	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGN	NOSIS
		Aggressive/Anti-Social	1	DIAGNOSIS	
TOTAL FACILITIES	2	Chronic Alcoholism	0	Neoplasms	5
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	8
FREE STANDING FACILITIES	2	Drug Addiction	1	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	10
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	44
NURSING CARE BEDS ONLY	2	Mental Illness	1	Mental Illness	0
DD CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	2
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	14
		Public Aid Recipient	0	Respiratory System	4
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	1
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	2	Skin Disorders	0
NON-PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	18
FOR PROFIT OWNERSHIP	1	Other Restrictions	1	Injuries and Poisonings	0
		No Restrictions	0	Other Medical Conditions	3
CONTINUING CARE COMMUNITY	0			Non-Medical Conditions	0
LIFE CARE FACILITY	0			TOTALS	112
Reported Identified Offenders	1	Total Residents	Diagnose	d with Mental Illness	0

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 201	
Nursing Care	172	165	149	165	112	60	80	172	Residents on 1/1/2013	131
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	98 117
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013 Residents on 12/31/2013	117
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	112
TOTAL BEDS	172	165	149	165	112	60	80	172		

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	830	2.8%	24,993	39.7%	1,283	18	16,035	0	43,159	68.6%	71.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	6,874	0	6,874	0.0%	0.0%
TOTALS	830	2.8%	24,993	39.7%	1,283	18	22,909	0	50,033	79.5%	82.8%

### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	14	25	0	0	0	0	0	0	14	25	39
85+	6	46	0	0	0	0	0	0	6	46	52
TOTALS	29	83	0	0	0	0	0	0	29	83	112

43.1%

\*Charity Expense does not include expenses which may be considered a community benefit.

2,778,641

0.0%

0

9.0%

583,350

LEVEL			Other		Private	Charity		AVERAG	E DAILY P	AYMENT RA	ΓES
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS	LEVEL OF C	ARE	SINGLE D	OUBLE
Nursing Care	0	62	9	0	41	0	112	Nursing Car	е	147	132
Skilled Under 22	0	0	0	0	0	0	0	Skilled Und	er 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate	e DD	0	0
Sheltered Care			0	0	0	0	0	Shelter		0	0
TOTALS	0	62	9	0	41	0	112				
	RESIDEN	ITS BY RAC	IAL/ETHN	ICITY GROU	JPING				STAFFING	3	
		Nursing	Skilled		Sheltere			EMPLOYM		FULL-TIN	
RACE		Care	Under 22	ICF/DD	Care	٦	Totals	CATEGO	RY	EQUIVAL	ΞΝΤ
Asian		0	0	0	0		0	Administrators	3	2	.00
American Indian		0	0	0	0		0	Physicians		0	.00
Black		1	0	0	0		1	Director of Nu	rsing	2	.00
Hawaiian/Pacific I	sl.	0	0	0	0		0	Registered Nu	ırses	6	.00
White		111	0	0	0		111	LPN's		16	.00
Race Unknown		0	0	0	0		0	Certified Aides	-		.00
Total		112	0	0	0		112	Other Health S	Staff	2	.00
								Non-Health St	aff	49	.00
		Nursing	Skilled		Sheltere	ed.		Totals		119	.00
ETHNICITY		Care	Under 22	ICF/DD	Care		Totals				
Hispanic		1	0	0	C	)	1				
Non-Hispanic		111	0	0	C	)	111				
Ethnicity Unknown	า	0	0	0	C	)	0				
Total		112	0	0	C	)	112				
			N	IET REVEN	UE BY PAY	OR SC	URCE (Fiscal Ye	ear Data)			
									Charity	Charity (	Care
Medicare	N	1edicaid	Other Pu	ıblic Priva	ate Insuran	ce	Private Pay	TOTALS	Care	Expense as	s % of

0.6%

37,871

47.3%

3,047,691

100.0%

6,447,553

Expense\*

0

Total Net Revenue

0.0%

# Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development Page 180 of 190

ILLINOIS LONG-TERM CARE DATA SU	MMARY-CA	LENDAR YEAR 2014	TC PLANNING AREA	Rock Island	I
HEALTH SERVICE AREA	010	ADMISSION RESTRICTIO Aggressive/Anti-Social	<b>NS</b> 7	RESIDENTS BY PRIMARY DIAG DIAGNOSIS	NOSIS
TOTAL FACILITIES	13	Chronic Alcoholism	8	Neoplasms	15
HOSPITAL BASED UNITS	1	Developmentally Disabled	5	Endocrine/Metabolic	66
FREE STANDING FACILITIES	12	Drug Addiction	8	Blood Disorders	7
		Medicaid Recipient	1	Nervous System Non Alzheimer	81
FACILITIES LICENSED FOR:		Medicare Recipient	2	Alzheimer Disease	162
NURSING CARE BEDS ONLY	8	Mental Illness	2	Mental Illness	90
DD CARE BEDS ONLY	3	Non-Ambulatory	0	Developmental Disability	92
MULTI-LICENSED FACILITIES	2	Non-Mobile	0	Circulatory System	162
		Public Aid Recipient	0	Respiratory System	63
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	19
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	36
GOVERNMENTAL OWNERSHIP	1	Ventilator Dependent	12	Skin Disorders	24
NON-PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	58
FOR PROFIT OWNERSHIP	6	Other Restrictions	1	Injuries and Poisonings	42
		No Restrictions	0	Other Medical Conditions	91
CONTINUING CARE COMMUNITY	1			Non-Medical Conditions	59
LIFE CARE FACILITY	1			TOTALS	1,067

10

**Reported Identified Offenders** 

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Danislanda an 4/4/0040	4.07
Nursing Care	1,205	1,195	1,040	946	990	215	954	1002	Residents on 1/1/2013	1,07
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	2,82
Intermediate DD	80	80	75	80	73	7		80	Total Discharges 2013	2,80
Sheltered Care	42	41	37	41	28	14			Residents on 12/31/2013	1,09
TOTAL BEDS	1,327	1,316	1,152	1,067	1,091	236	954	1082	_	

**Total Residents Diagnosed with Mental Illness** 

# FACILITY UTILIZATION - 2014 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	54,930	15.7%	179,901	49.1%	3,052	13,789	99,071	916	351,659	79.7%	80.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			25,625	87.5%	0	0	365	0	25,990	88.8%	88.8%
Sheltered Care					0	0	11,477	0	11,477	74.7%	76.5%
TOTALS	54,930	15.7%	205,526	51.9%	3,052	13,789	110,913	916	389,126	80.1%	80.8%

		RESIDE	NTS BY A	GE GROUP,	SEX AND L	EVEL OF CA	RE - DECI	MBER 31, 20	14		
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	7	0	0	14	15	0	0	20	22	42
45 to 59	46	29	0	0	15	10	0	1	61	40	101
60 to 64	32	27	0	0	6	6	0	0	38	33	71
65 to 74	71	56	0	0	2	1	0	1	73	58	131
75 to 84	97	156	0	0	0	3	1	4	98	163	261
85+	113	350	0	0	1	0	6	15	120	365	485
TOTALS	365	625	0	0	38	35	7	21	410	681	1,091

326

LEVEL		Y PAYMENT	Other		Private	Charity		AVERAGE DA	ILY PAYMENT	RATES
	Medicare	Medicaid		Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	_
Nursing Care	168	483	21	59	259	0	990	Nursing Care	267	252
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		72	0	0	1	0	73	Intermediate DD	0	142
Sheltered Care			0	0	28	0	28	Shelter	213	185
TOTALS	168	555	21	59	288	0	1,091			
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING			STA	FFING	
		Nursing	Skilled		Shelte			<b>EMPLOYMENT</b>	_	-TIME
RACE		Care	Under 22	ICF/DE	) Care	9	Totals	CATEGORY	EQUI\	/ALENT
Asian		4	0	2		0	6	Administrators		11.50
American Indian		1	0	1		0	2	Physicians		1.00
Black		66	0	10		0	76	Director of Nursing		12.00
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses		92.32
White		904	0	60	2	8	992	LPN's		163.62
Race Unknown		15	0	0		0	15	Certified Aides		474.35
Total		990	0	73	2	8	1,091	Other Health Staff		112.81
								Non-Health Staff		291.69
		Nursing Care	Skilled Under 22	2 ICF/DE	Shelte Car		Totals	Totals	1	159.29
ETHNICITY										
Hispanic		36	0	2		0	38			
Non-Hispanic		878	0	71	2	24	973			
Ethnicity Unknowr	1	76	0	0		4	80			
Total		990	0	73	2	28	1,091			
			ı	NET REVEN	IUE BY PA	YOR SO	OURCE (Fiscal '	Year Data)		
								Cha	rity Cha	rity Care
Medicare	N	/ledicaid	Other P	ublic Priv	ate Insura	nce	Private Pay	TOTALS Ca	re Expens	se as % of
30.7%		34.5%	(	0.7%	7.	8%	26.3%	100.0% Exp	ense* Total N	let Revenue
23,856,841		26,802,302	550,	425	6,033,2	82	20,430,560	77,673,410 19 <sup>-</sup>	,700	0.2%

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
	• • • • • • • • • • • • • • • • • • • •	Aggressive/Anti-Social	5	DIAGNOSIS	100.0
TOTAL FACILITIES	9	Chronic Alcoholism	4	Neoplasms	2
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	17
FREE STANDING FACILITIES	9	Drug Addiction	6	Blood Disorders	2
		Medicaid Recipient	0	Nervous System Non Alzheimer	20
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	54
NURSING CARE BEDS ONLY	4	Mental Illness	1	Mental Illness	29
DD CARE BEDS ONLY	5	Non-Ambulatory	0	Developmental Disability	101
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	48
		Public Aid Recipient	1	Respiratory System	19
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	7
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	12
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	9	Skin Disorders	4
NON-PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	4	Musculo-skeletal Disorders	38

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

**TOTALS** 

7

26

0

386

83

0

**Total Residents Diagnosed with Mental Illness** 

### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

0

0

1

Other Restrictions

No Restrictions

FOR PROFIT OWNERSHIP

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	
Nursing Care	357	356	305	356	290	67	165	356	Residents on 1/1/2013	375
Skilled Under 22	0	0	0	0	290	0	103	0	Total Admissions 2013	322
Intermediate DD	115	115	101	115	96	19		99	Total Discharges 2013	311
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	386
TOTAL BEDS	472	471	406	471	386	86	165	455	_	

LEVEL OF CARE		icare Occ. Pct.	Medio		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
LEVEL OF CARE	Pat. days	Occ. Pci.	Pai. days	Occ. Pci.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pci.	Occ. Pci.
Nursing Care	9,023	14.9%	53,989	41.4%	0	0	41,247	0	104,259	79.8%	80.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			35,373	97.6%	0	0	122	0	35,495	84.3%	84.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9,023	14.9%	89,362	53.7%	0	0	41,369	0	139,754	80.9%	81.1%

	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014											
	NURSIN	IG CARE	SKL U	INDER 22	INTER	RMED. DD	SHEI	LTERED	TO	OTAL	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	16	20	0	0	16	20	36	
45 to 59	3	2	0	0	16	18	0	0	19	20	39	
60 to 64	4	2	0	0	3	6	0	0	7	8	15	
65 to 74	11	14	0	0	5	8	0	0	16	22	38	
75 to 84	32	55	0	0	2	1	0	0	34	56	90	
85+	43	124	0	0	0	1	0	0	43	125	168	
TOTALS	93	197	0	0	42	54	0	0	135	251	386	

LEVEL		Y PAYMENT	Other		Private	Charity		AVERAGE DAILY	PAYMENT R	ATES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	28	144	0	0	118	0	290	Nursing Care	200	149
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		95	0	0	1	0	96	Intermediate DD	187	142
Sheltered Care			0	0	0	0	0	Shelter	0	0
TOTALS	28	239	0	0	119	0	386			
	RESIDE	NTS BY RAC	IAL/ETHN	IICITY GRO	UPING			STAFFI	NG	
		Nursing	Skilled		Shelte			EMPLOYMENT	FULL-1	
RACE		Care	Under 22	ICF/DE	) Care	Э	Totals	CATEGORY	EQUIVA	ALENT
Asian		1	0	0		0	1	Administrators		5.58
American Indian		0	0	1		0	1	Physicians		0.00
Black		1	0	19		0	20	Director of Nursing		6.00
Hawaiian/Pacific I	sl.	0	0	0		0	0	Registered Nurses		36.57
White		288	0	76		0	364	LPN's		53.69
Race Unknown		0	0	0		0	0	Certified Aides	1	83.07
Total		290	0	96		0	386	Other Health Staff		8.42
								Non-Health Staff	1	52.59
ETHNICITY		Nursing Care	Skilled Under 22	2 ICF/DE	Shelte Car		Totals	Totals	4	45.92
Hispanic		0	0	1		0	1			
Non-Hispanic Ethnicity Unknow	2	290 0	0	95 0		0	385 0			
Total		290	0	96		0	386			
			ı	NET REVEN	IUE BY PA	YOR SO	OURCE (Fiscal	Year Data)		
								Charity	Charit	y Care
Medicare	N	/ledicaid	Other P		ate Insura		Private Pay	TOTALS Care	Expense	
21.9%		48.8%		0.6%	_	1%	28.6%	100.0% Expens		t Revenue
5,116,805		11,386,905	139,	718	26,5	50	6,677,896	23,347,874	0	0.0%

ILLINOIS LONG-TERM CARE DATA SUI	MMARY-CA	LENDAR YEAR 2014 LTC	PLANNING ARE	<b>A</b> Madison		
HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS	<b>;</b>	RESIDENTS BY PRIMARY DIAGNOSIS		
		Aggressive/Anti-Social	17	DIAGNOSIS		
TOTAL FACILITIES	41	Chronic Alcoholism	19	Neoplasms	35	
HOSPITAL BASED UNITS	3	Developmentally Disabled	4	Endocrine/Metabolic	104	
FREE STANDING FACILITIES	38	Drug Addiction	24	Blood Disorders	21	
		Medicaid Recipient	1	Nervous System Non Alzheimer	85	
FACILITIES LICENSED FOR:		Medicare Recipient	6	Alzheimer Disease	202	
NURSING CARE BEDS ONLY	23	Mental Illness	3	Mental Illness	98	
DD CARE BEDS ONLY	18	Non-Ambulatory	4	Developmental Disability	476	
MULTI-LICENSED FACILITIES	0	Non-Mobile	4	Circulatory System	296	
		Public Aid Recipient	0	Respiratory System	141	
FACILITIES REPORTED BY		Under 65 Years Old	1	Digestive System	42	
OWNERSHIP TYPE		Unable to Self-Medicate	6	Genitourinary System Disorders	60	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	40	Skin Disorders	12	
NON-PROFIT OWNERSHIP	25	Infectious Disease w/ Isolation	17	Musculo-skeletal Disorders	124	
FOR PROFIT OWNERSHIP	16	Other Restrictions	3	Injuries and Poisonings	76	
		No Restrictions	1	Other Medical Conditions	284	

Non-Medical Conditions

2,057

499

**TOTALS** 

**Total Residents Diagnosed with Mental Illness** 

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BED
---

2

1

20

**CONTINUING CARE COMMUNITY** 

**Reported Identified Offenders** 

LIFE CARE FACILITY

	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	ADMISSIONS AN DISCHARGES - 20	_
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Decidents on 4/4/2042	,
Nursing Care	2,212	2,121	1,755	2,121	1,590	622	1382	1791	Residents on 1/1/2013	2
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	4
Intermediate DD	524	512	479	507	466	58		487	Total Discharges 2013	4
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	2
TOTAL BEDS	2,736	2,633	2,234	2,628	2,056	680	1382	2278	_	

	Med	icare	Medi	caid	Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	77,121	15.2%	305,171	46.6%	16,762	14,557	176,898	935	591,444	73.1%	76.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			164,461	92.3%	0	0	2,815	0	167,276	87.2%	89.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	77,121	15.2%	469,632	56.3%	16,762	14,557	179,713	935	758,720	75.8%	78.7%

	NURSIN	IG CARE		NDER 22		RMED. DD		E <b>MBER 31, 20</b> .TERED		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	5	0	0	108	80	0	0	114	85	199
45 to 59	51	48	0	0	76	72	0	0	127	120	247
60 to 64	46	51	0	0	37	26	0	0	83	77	160
65 to 74	90	139	0	0	38	16	0	0	128	155	283
75 to 84	149	322	0	0	9	1	0	0	158	323	481
85+	138	545	0	0	2	1	0	0	140	546	686
TOTALS	480	1.110	0	0	270	196	0	0	750	1.306	2.056

LEVEL			Other		Private	Charity	/	AVERAG	E DAILY PA	YMENT RA	TES
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	LEVEL OF C			OUBLE
Nursing Care	231	803	34	45	475	2	1,590	Nursing Car	е	334	289
Skilled Under 22	0	0	0	0	0	0	0	Skilled Unde	er 22	0	0
ICF/DD		458	0	0	8	0	466	Intermediate	DD	124	142
Sheltered Care			0	0	0	0	0	Shelter		0	0
TOTALS	231	1,261	34	45	483	2	2,056				
	RESIDE	NTS BY RAC	IAL/ETHN	NICITY GRO	UPING				STAFFING		
		Nursing	Skilled		Shelte			EMPLOYME		FULL-TIN	
RACE		Care	Under 22	2 ICF/DI	O Car	е	Totals	CATEGO	RY	EQUIVAL	ENT
Asian		4	0	3		0	7	Administrators		38	3.31
American Indian		0	0	0		0	0	Physicians	Physicians		3.00
Black		108	0	39		0	147	Director of Nu	Director of Nursing		7.30
Hawaiian/Pacific Is	sl.	5	0	2		0	7	Registered Nu	Registered Nurses		4.80
White		1,470	0	422		0	1,892	LPN's		255	5.05
Race Unknown		3	0	0		0	3	Certified Aides	<b>3</b>	1056.49	
Total		1,590	0	466		0	2,056	Other Health S	Staff	218.0	
								Non-Health St	aff	619.48	
		Nursing	Skilled		Shelte	red		Totals		2402	2.49
ETHNICITY		Care	Under 22	2 ICF/D	O Car	е	Totals				
Hispanic		10	0	3		0	13				
Non-Hispanic		1,430	0	463		0	1,893				
Ethnicity Unknown	1	150	0	0		0	150				
Total		1,590	0	466		0	2,056				
				NET REVE	NUE BY PA	AYOR S	OURCE (Fiscal	Year Data)			
									Charity	Charity	Care
Medicare	N	/ledicaid	Other P	ublic Pri	vate Insura	nce	Private Pay	TOTALS	Care	Expense a	s % of
25.8%		44.5%	:	2.0%	2.	.8%	25.0%	100.0%	Expense*	Total Net F	₹evenue
30,931,293		53,374,061	2,365	,216	3,311,4	144	30,051,567	120,033,581	165,018	0.	1%

ILLINOIS LONG-TERM CARE DATA SU	JMMARY-CA	LENDAR YEAR 2014 LTC P	LANNING ARE	A Monroe	
HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS
		Aggressive/Anti-Social	3	DIAGNOSIS	
TOTAL FACILITIES	3	Chronic Alcoholism	2	Neoplasms	4
HOSPITAL BASED UNITS	0	Developmentally Disabled	1	Endocrine/Metabolic	1
FREE STANDING FACILITIES	3	Drug Addiction	3	Blood Disorders	0
		Medicaid Recipient	0	Nervous System Non Alzheimer	17
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	14
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness	0
DD CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	16
MULTI-LICENSED FACILITIES	0	Non-Mobile	0	Circulatory System	35
		Public Aid Recipient	0	Respiratory System	9
FACILITIES REPORTED BY		Under 65 Years Old	0	Digestive System	0
OWNERSHIP TYPE		Unable to Self-Medicate	0	Genitourinary System Disorders	3

# CONTINUING CARE COMMUNITY 0 LIFE CARE FACILITY 0

1

0

**GOVERNMENTAL OWNERSHIP** 

NON-PROFIT OWNERSHIP

FOR PROFIT OWNERSHIP

**Reported Identified Offenders** 

Total Residents Diagnosed with Mental Illness	

**TOTALS** 

3

0

Skin Disorders

Musculo-skeletal Disorders

Injuries and Poisonings

Other Medical Conditions

Non-Medical Conditions

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

Ventilator Dependent

Other Restrictions

No Restrictions

Infectious Disease w/ Isolation

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014	4
									Residents on 1/1/2013	247
Nursing Care	250	249	248	249	231	19	119	119	Total Admissions 2013	354
Skilled Under 22	0	0	0	0	0	0		0		345
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2013	
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2013	256
TOTAL BEDS	266	265	263	265	246	20	119	135		

### FACILITY UTILIZATION - 2014

#### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Med	licaid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9,206	21.1%	39,164	89.9%	0	174	35,768	0	84,312	92.1%	92.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			5,490	93.8%	0	0	0	0	5,490	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9,206	21.1%	44,654	90.4%	0	174	35,768	0	89,802	92.2%	92.6%

#### RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

	NURSIN	IG CARE	SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	3	2	0	0	3	2	5	
45 to 59	2	1	0	0	5	5	0	0	7	6	13	
60 to 64	1	5	0	0	0	0	0	0	1	5	6	
65 to 74	4	12	0	0	0	0	0	0	4	12	16	
75 to 84	14	46	0	0	0	0	0	0	14	46	60	
85+	28	118	0	0	0	0	0	0	28	118	146	
TOTALS	49	182	0	0	8	7	0	0	57	189	246	

0

8

4

0

7

135

246

_	IDENTS B	SY PAYMENT		E AND LE	_	_							
LEVEL			Other		Priva		Charity				SE DAILY PA		
OF CARE	Medicare	Medicaid	Public	Insurance	Pa	ıy	Care	TOTA	LS	LEVEL OF C	CARE	SINGLE I	DOUBLE
Nursing Care	26	83	0	0	12	2	0	23	31	Nursing Ca	re	206	172
Skilled Under 22	0	0	0	0		0	0		0	Skilled Und	er 22	0	0
ICF/DD		15	0	0		0	0	1	15	Intermediat	e DD	124	114
Sheltered Care			0	0		0	0		0	Shelter		0	0
TOTALS	26	98	0	0	12	2	0	24	16				
	RESIDE	NTS BY RAC	IAL/ETHN	NICITY GR	OUPIN	G					STAFFING		
		Nursing	Skilled		_	heltere				EMPLOYM		FULL-TI	
RACE		Care	Under 22	2 ICF/E	D	Care	7	Γotals		CATEGO	RY	EQUIVAL	ENT
Asian		3	0		0	0		3		Administrators	S		2.25
American Indian		0	0		0	0		0		Physicians		1.0	
Black		0	0		1	0		1		Director of Nursing			2.00
Hawaiian/Pacific I	sl.	0	0		0	0		0		Registered Nurses		1:	5.25
White		228	0	1	4	0		242		LPN's		21.00	
Race Unknown		0	0		0	0		0		Certified Aide		94.00	
Total		231	0	1	5	0		246		Other Health		5.0	
										Non-Health S	tatt		9.00
		Nursing	Skilled			heltere				Totals		21	9.50
ETHNICITY		Care	Under 22	2 ICF/[	DD	Care		Totals					
Hispanic		1	0		0	0		1	•				
Non-Hispanic		230	0	1	5	0		245					
Ethnicity Unknown	า	0	0		0	0		0					
Total		231	0	1	5	0		246	:				
				NET REVE	NUE B	Y PAY	OR SO	URCE (	Fiscal Year	Data)			
											Charity	Charity	Care
Medicare	1	Medicaid	Other P	ublic P	ivate In	suranc	се	Private	Pay	TOTALS	Care	Expense a	
29.5%		26.1%		0.0%		0.49	%	44	4.0%	100.0%	Expense*	Total Net	Revenue
5,391,610		4,761,122	7	,115		72,24	7	8,027	,342	18,259,436	0	0	.0%

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAG	NOSIS	
		Aggressive/Anti-Social	11	DIAGNOSIS		
TOTAL FACILITIES	24	Chronic Alcoholism	6	Neoplasms	50	
HOSPITAL BASED UNITS	0	Developmentally Disabled	3	Endocrine/Metabolic	84	
FREE STANDING FACILITIES	24	Drug Addiction	13	Blood Disorders	8	
		Medicaid Recipient	2	Nervous System Non Alzheimer	88	
FACILITIES LICENSED FOR:		Medicare Recipient	3	Alzheimer Disease	180	
NURSING CARE BEDS ONLY	18	Mental Illness	3	Mental Illness	276	
DD CARE BEDS ONLY	4	Non-Ambulatory	1	Developmental Disability	152	
MULTI-LICENSED FACILITIES	2	Non-Mobile	1	Circulatory System	348	
		Public Aid Recipient	3	Respiratory System	197	
FACILITIES REPORTED BY		Under 65 Years Old	3	Digestive System	25	
OWNERSHIP TYPE		Unable to Self-Medicate	1	Genitourinary System Disorders	92	
GOVERNMENTAL OWNERSHIP	0	Ventilator Dependent	20	Skin Disorders	21	
NON-PROFIT OWNERSHIP	9	Infectious Disease w/ Isolation	5	Musculo-skeletal Disorders	123	
FOR PROFIT OWNERSHIP	15	Other Restrictions	3	Injuries and Poisonings	101	
		No Restrictions	1	Other Medical Conditions	138	
CONTINUING CARE COMMUNITY	2			Non-Medical Conditions	2	
LIFE CARE FACILITY	4			TOTALS	1,885	
Reported Identified Offenders 52 Total Residents Diagnosed with Mental Illness						

#### LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AN DISCHARGES - 20	)14
Nursing Care	2,268	2,205	1,832	2,091	1,666	602	1257	2045	Residents on 1/1/2013	1,824
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	3,915
Intermediate DD	148	148	142	148	137	11		132	Total Discharges 2013	3,752
Sheltered Care	100	62	48	62	45	55			Residents on 12/31/2013	1,987
TOTAL BEDS	2,516	2,415	2,022	2,301	1,848	668	1257	2177	_	

### FACILITY UTILIZATION - 2014

### BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

					Other	Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	caid	Public Pay	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	74,323	16.2%	382,932	51.2%	16,917	16,555	112,312	0	603,039	72.6%	74.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			50,008	103.5%	0	0	0	0	50,008	92.3%	92.3%
Sheltered Care					0	0	15,705	0	15,705	42.9%	69.2%
TOTALS	74,323	16.2%	432,940	54.3%	16,917	16,555	128,017	0	668,752	72.6%	75.7%

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	24	21	0	0	30	25	0	0	54	46	100	
45 to 59	140	104	0	0	23	24	0	0	163	128	291	
60 to 64	58	59	0	0	10	7	0	0	68	66	134	
65 to 74	133	158	0	0	10	8	3	1	146	167	313	
75 to 84	155	234	0	0	0	0	3	8	158	242	400	
85+	133	447	0	0	0	0	14	16	147	463	610	
TOTALS	643	1.023	0	0	73	64	20	25	736	1.112	1.848	

	DENTS B	Y PAYMENT		AND LEVI	EL OF CAF	RE						
LEVEL			Other		Private	Charity				GE DAILY PA		
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS		LEVEL OF (	CARE	SINGLE D	OUBLE
Nursing Care	194	1,037	53	62	320	0	1,666		Nursing Ca	are	181	150
Skilled Under 22	0	0	0	0	0	0	0		Skilled Und	der 22	0	0
ICF/DD		137	0	0	0	0	137		Intermedia	te DD	153	122
Sheltered Care			0	0	45	0	45		Shelter		93	89
TOTALS	194	1,174	53	62	365	0	1,848					
	RESIDE	NTS BY RAC	IAL/ETHN	ICITY GRO	UPING					STAFFING		
		Nursing	Skilled		Shelter				EMPLOYN		FULL-TIME	
RACE		Care	Under 22	ICF/DE	) Care	e	Totals		CATEGO	DRY	EQUIVAL	ENT
Asian		7	0	2		0	9		Administrators		22.83	
American Indian		1	0	0		0	1		Physicians		3.00	
Black		477	0	30		1	508		Director of Nursing		23.00	
Hawaiian/Pacific I	sl.	0	0	1		0	1		Registered Nurses		116.51	
White		1,177	0	104	4	4	1,325		LPN's		241.95	
Race Unknown		4	0	0		0	4		Certified Aides		768.52	
Total		1,666	0	137	4	5	1,848		Other Health			9.21
								_	Non-Health S	Staff	546	5.42
		Nursing	Skilled		Shelte	red			Totals		1861	.44
ETHNICITY		Care	Under 22	ICF/DI	) Car	е	Totals					
Hispanic		12	0	0		0	12					
Non-Hispanic		1,549	0	137	4	15	1,731					
Ethnicity Unknown	1	105	0	0		0	105					
Total		1,666	0	137	4	ļ5	1,848					
			N	NET REVEN	NUE BY PA	YOR SO	OURCE (Fisca	al Year Da	ta)			
										Charity	Charity	Care
Medicare	N	Medicaid	Other Pu	ublic Priv	ate Insura	nce	Private Pay		TOTALS	Care	Expense a	
31.1%		44.5%	2	2.7%	5.	8%	15.9%		100.0%	Expense*	Total Net F	Revenue
38,811,353		55,498,511	3,409,	715	7,226,6	39	19,807,385	12	24,753,603	119,169	0.	1%